

MARTIN-TYRRELL-WASHINGTON DISTRICT HEALTH DEPARTMENT



Washington County 2018 Community Health Needs Assessment

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Acknowledgements

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Executive Summary

Washington County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Washington County.

Service Area

The service area for this report is defined as the geographical boundary of Washington County, North Carolina. Washington County is located along the coastal part of the state and has an area of 424 square miles, of which 348 square miles is land and 76 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Washington County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (5) focus group discussions. Almost 400 Washington County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Washington County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health
Occupational & Environmental
Health
Social Environment
Substance Abuse
Transportation

Selected Priority Areas

Based on a complete review of the data and consideration of existing resources and programming in the county, the significant health priorities identified by the county are as follows:

- *Injury Prevention (Substance Misuse)*
- *Physical Activity/Nutrition (Funding for Recreation Center, Farmers' Markets)*
- *Healthy Living (Oral Health)*
- *Mental Health (Substance Use/Abuse)*
- *Environmental Health (water quality, drainage for flooding, insects)*

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Washington County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Washington County. Following this process, Washington County will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

Washington County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Washington County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Washington County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Washington County Community Health Needs Assessment was developed through a partnership between the Martin-Tyrrell-Washington District Health, Vidant Health, Health ENC and Conduent Healthy Communities Institute, with Vidant Health serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the

quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health

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- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

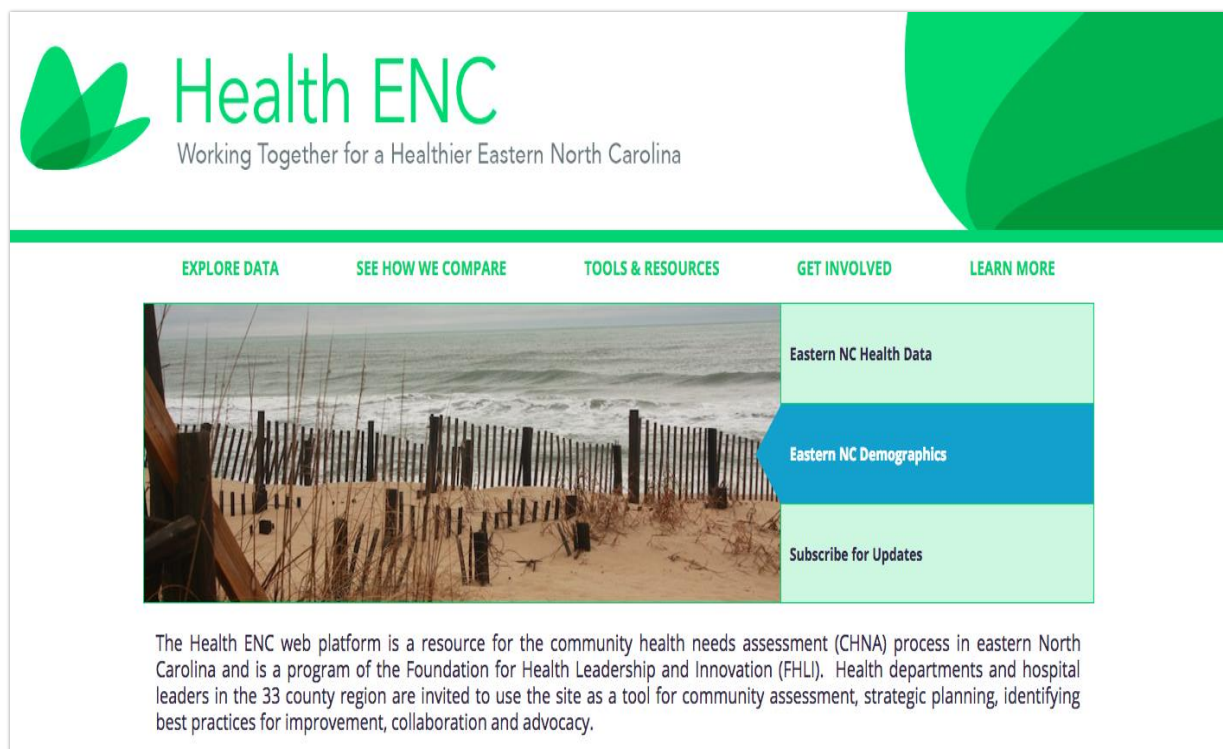
HealthENC.org

The [Health ENC](https://HealthENC.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Washington County Community CHNA Collaborative

This document was developed by Martin-Tyrrell-Washington District Health in partnership with Washington County Department of Social Services, Tyrrell/Washington Partnership for Children, Washington County Government, Town of Creswell, Creswell Town Council/CERT Volunteer, Washington County Schools, Washington County Cooperative Extension, Washington County Senior Center, Faith Communities and Washington County Law Enforcement as well as community members. The members of local partnerships are representatives of the agencies and organizations that serve the health and human service of needs of the local population, as well as representatives from businesses and civic groups. Washington County currently does not have a hospital in the county. The hospital was shut down at the time this document was written.

Community Health Team Structure

The Community Health Needs Assessment (CHNA) was developed by Martin-Tyrrell-Washington District Health which established a CHNA Leaders Team to help lead the process for community members. The CHNA Leaders Team comprised of members that included county residents as well as representatives from various local agencies and organizations throughout the county service area. The CHNA Leaders Team members brought a wealth of knowledge and expertise on an assortment of issues throughout the prioritization process. The CHNA Leaders Team met three times between January 2019 – April 2019 to review the strategies for conducting primary data collection for CHNA, provide feedback, and to stay informed of the process.

Collaboration between MTW District Health and all the other local partners made this assessment possible. Members of the group spent numerous hours attending meetings, collecting survey data, promoting and servicing as moderators for focus group discussions, and attending presentations. These partners also played an active role in the priority selection process.

Partners in the 2018 CHNA process for MTW District Health include:

- Vidant Hospital
- Martin-Tyrrell-Washington District Health
- Washington County Emergency Management
- Washington County Cooperative Extension
- Washington County Government
- Washington County Schools
- Washington County Senior Center
- Washington County Department of Social Services
- Washington County EMS
- Washington County Law Enforcement
- Faith Communities

Local community members worked with MTW Health Educators to apply the grass root efforts to ensure the citizens of Washington County's views were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate picture of the entire county.

Distribution

MTW District Health will share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Martin-Tyrrell-Washington District Health website at www.mtwdistricthealth.org. Efforts will be made with other agencies and local government, including county websites, to provide links to the information. MTW also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. Hard copies will be left in the local libraries for community review.

Evaluation of Progress since Prior CHNA

The community health improvement process should be viewed as an inactive cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2014 Community Health Needs Assessment, the following health categories were selected as prioritized health needs:

- Chronic Diseases (including Heart Disease, and Diabetes)
- Access to Care/Transportation
- Substance Abuse Prevention (Illegal/Prescription)
- Communicable Disease Control (STDs)
- Teen Pregnancy/STD

A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in [Appendix A](#).

Community Feedback on Prior CHNA

The 2018 Washington County Community Health Needs Assessment was made available to the public via the Martin-Tyrrell-Washington District Health Department website. Community members were invited to submit feedback and questions to either organization. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

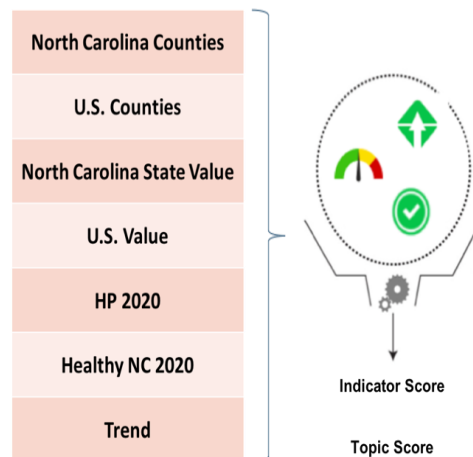
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Washington County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 133 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Washington County's status, including how Washington County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Washington County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



Please see [Appendix B](#) for further details on the secondary data scoring methodology.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2).

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health*	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health*	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in [Appendix C](#).

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered in the Survey Monkey tool.

The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Members of the Washington County CHNA Leaders Team, assisted by members of the county community volunteers, local agencies and businesses, conducted the community health survey using electronic/paper surveys and a “convenience sample” technique. Surveys were taken to places where people were gathered for other purposes, for example, meetings, workplaces, waiting rooms, community events, etc. The sample sites were deliberately chosen to assure that the participants would be representative of the demographic distribution of the community in each participating county. Surveys, which were available in English and Spanish versions, were distributed and retrieved by the volunteers in one sitting. Surveys plainly stated, and participants were reminded, that their responses would be confidential and not linked to them personally in any way.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 398 responses were collected from Washington County residents, with a survey completion rate of 88.4%, resulting in 352 complete responses from Washington County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Washington County	346	6	352

*Based on complete responses

Survey participants were asked a range of questions related, but not limited to what populations are most negatively affected by poor health outcomes in Washington County, what their personal health challenges are, and what the most critical health needs are for Washington County. The survey instrument is available in [Appendix C](#).

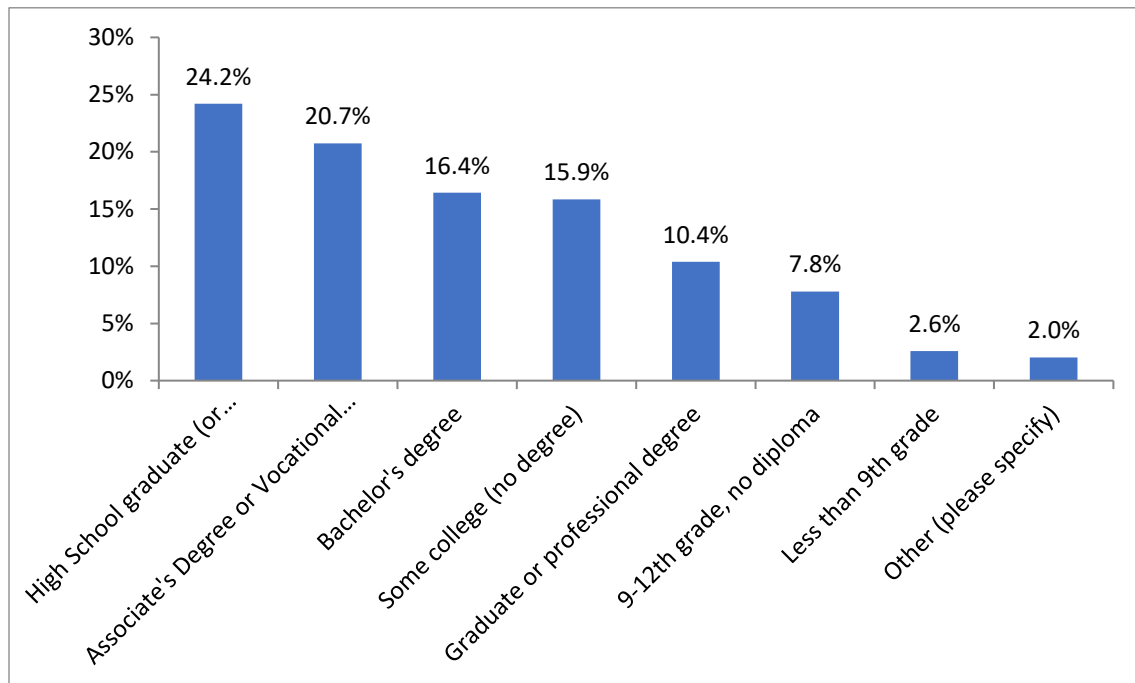
Demographics of Survey Respondents

The following charts and graphs illustrate Washington County demographics of the community survey respondents.

Among Washington County survey participants, 53.5% of respondents were over the age of 50, with the highest concentration of respondents (14.5 %) grouped into the 60-64 age group. The majority of respondents were female (73.6%), White (60.2%), spoke English at home (97.1%), and Not Hispanic (94%).

Survey respondents had varying degrees of education, with the highest share of respondents (24.2%) having completed a high school education and the next highest share of respondents (20.7%) having an Associate or Vocational Training (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (55.1%) and the highest share of respondents (21.3%) had household annual incomes that totaled between \$50,000 and \$74,999 before taxes. The average household size was 2.6 individuals.

Figure 4. Employment Status of Community Survey Respondents

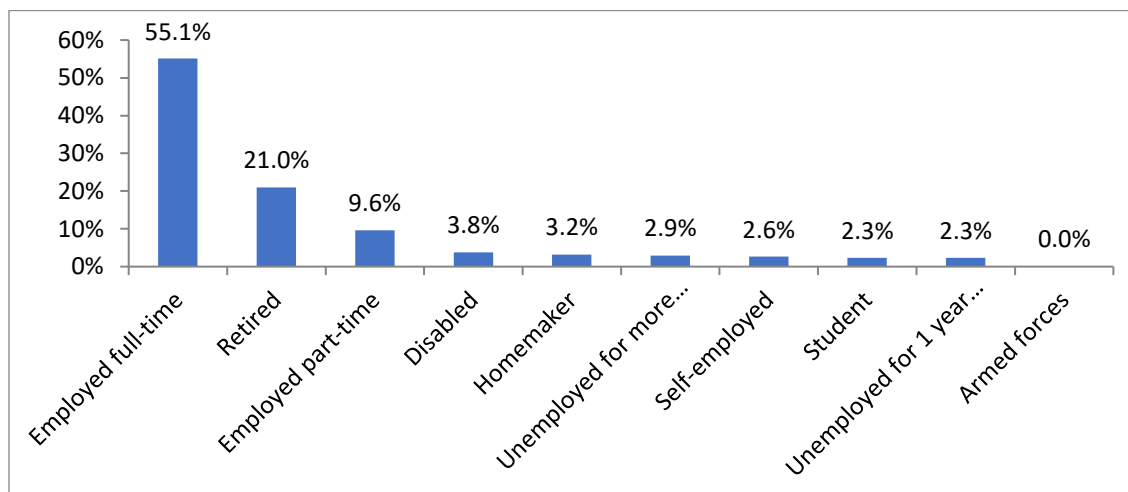
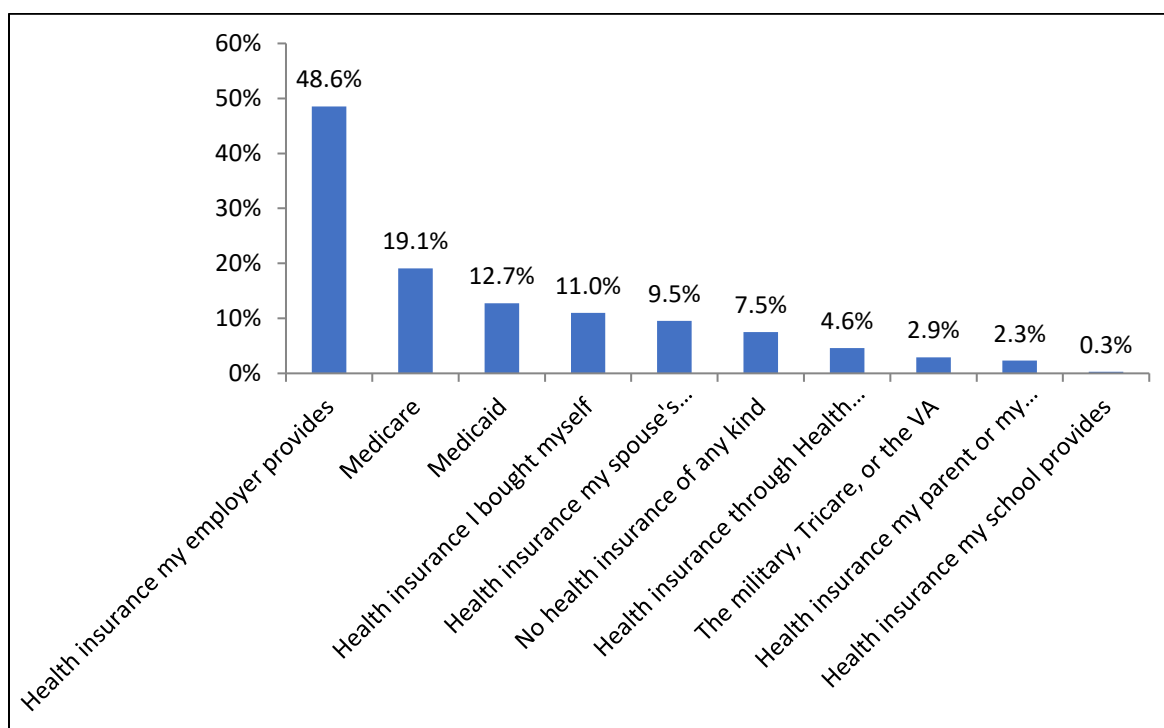


Figure 5 shows the health insurance coverage of community survey respondents. Almost half of survey respondents have health insurance provided by their employer (48.6%), while 19.1% have Medicare, 12.7% have Medicaid and 7.5% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of predominately white women with varying degrees of education and income. The survey was a convenience sample survey, and thus the results may not be fully representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Washington County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed, and a transcript was provided for documentation purposes.

Five focus group discussions were completed within Washington County between July 23, 2018 – July 31, 2018 with a total of 39 individuals. Participants included young adults, senior citizens, and migrant farm workers. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
7/23/2018	Washington County DSS	General Population	10
7/24/2018	Supper Club	Younger Adults, Ages 23-35	6
7/31/2018	Washington County Health Department	General Population	5
7/24/2018	Roper, NC	Migrant Farm Workers	8
7/31/2018	Washington Co. Senior Center	Senior Citizens	10

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Washington County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability - especially among smaller populations.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

Key stakeholders from Washington County were convened on February 7, 2019 to review secondary and primary data from the CHNA data collection process. Following the data review and additional discussion, participants were guided through a nominal group technique where decision-making could be finalized. The nominal group technique was utilized to assure everyone's feedback and opinions were considered (as opposed to traditional voting, where the majority rules). During this process, five (5) priorities were selected and combined as appropriate

to finalize the top health priorities for Washington County. As a result of this process, Washington County will work to develop action plans addressing these identified health priorities:

- *Injury Prevention (Substance Misuse)*
- *Physical Activity/Nutrition (Funding for Recreation Center, Farmers' Markets)*
- *Healthy Living (Oral Health)*
- *Mental Health (Substance Use/Abuse)*
- *Environmental Health (water quality, drainage for flooding, insects)*

Overview of Washington County

About Washington County

Washington County, located in the Coastal Plain region of North Carolina, was formed in 1799 from Tyrrell County and named for President George Washington. It is partially bordered by the Albemarle Sound. Early inhabitants of the area included Algonquian Indians, followed by English settlers. Plymouth, the county seat, was incorporated in 1807 and named for Plymouth, Mass. Other Washington County communities include Roper, Creswell, Cherry, Scuppernong, Pleasant Grove, Westover, Hinson, and Wenona. Besides the Albemarle Sound, notable bodies of water in the county include the Roanoke and Scuppernong Rivers, Phelps and Pungo Lakes, Beaver Dam and Kendrick Creeks, and the East Dismal Swamp. The Pocosin Lakes National Wildlife Refuge is located in the southeastern corner of the county.

Washington County historic sites include Garrett's Island Home, built in the mid-eighteenth century; Westover Plantation and Homestead Farm, both built in the mid-nineteenth century; and Somerset Place, built in the late eighteenth century and today a North Carolina State Historic Site. As a consequence of the Battle of Plymouth (1864), Confederate forces recaptured the town and reopened the Roanoke River. Cultural attractions include the Port O' Plymouth Roanoke River Museum and the Washington County Arts Council. The county hosts festivals and annual events such as Riverfest, Civil War Living History Weekend, Somerset Homecoming, Indian Heritage Week, and Plymouth Farm-City Festival.

Washington County agricultural products include corn, soybeans, peanuts, tobacco, cotton, cabbage, sage, beans, potatoes, hogs and poultry. Manufactured products include wood pulp paper, plywood lumber, pallets, clothing, rope and processed peanuts. The two largest manufacturers are Domtar Paper Company and Weyerhaeuser Company (A Corp).

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Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Washington County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Washington County has a population of 12,195 (Figure 6). The population of Washington County has decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

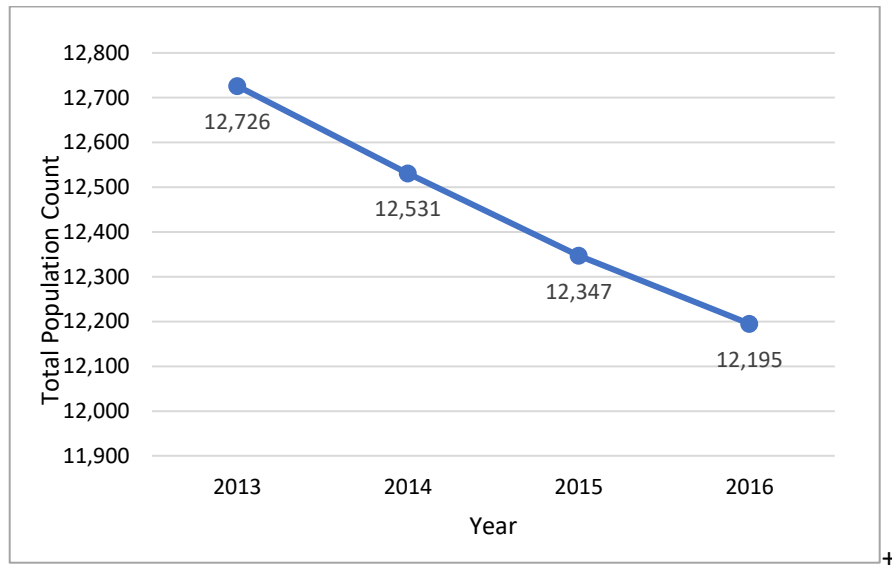
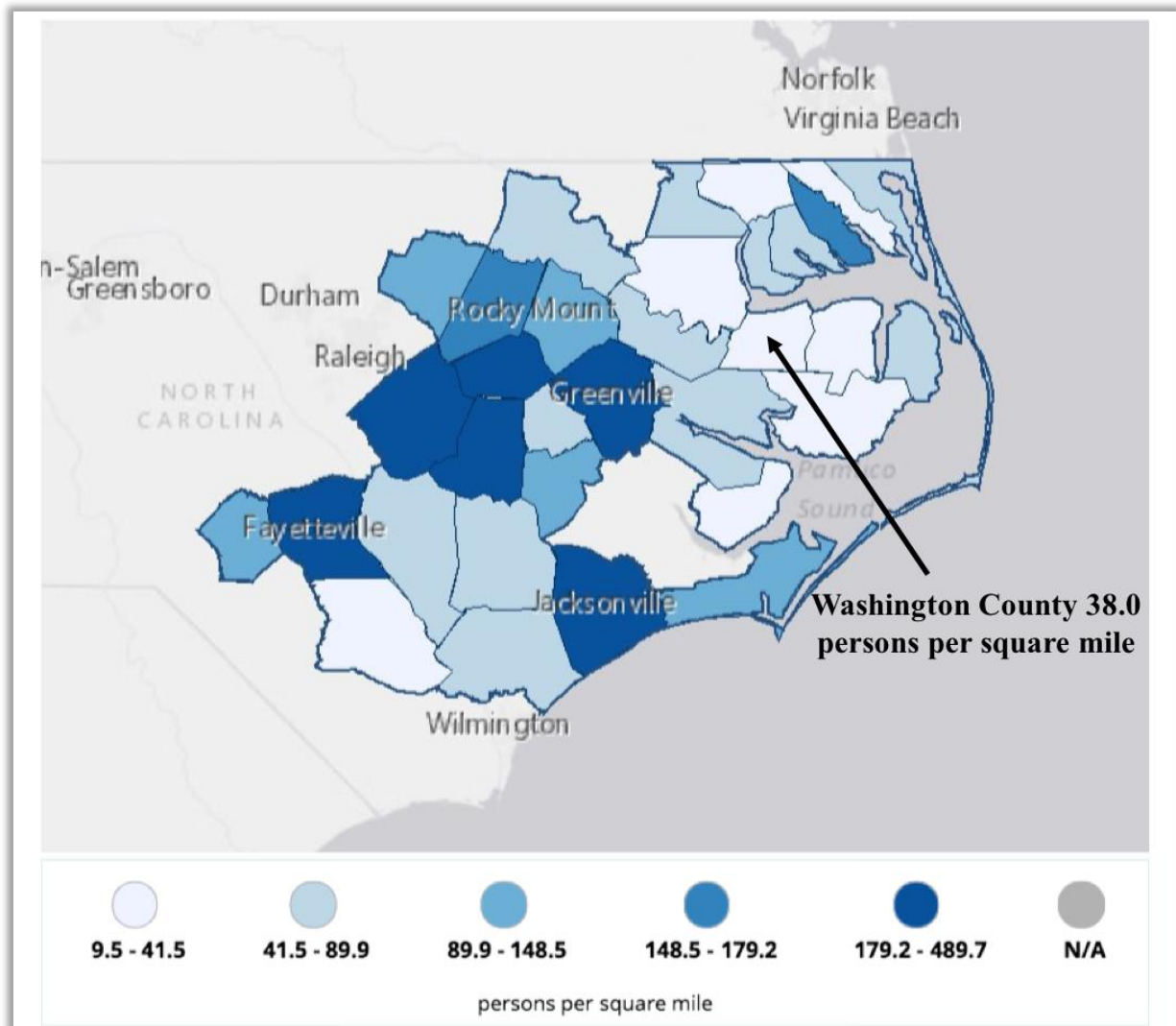


Figure 7 shows the population density of Washington County compared to other counties in the Health ENC region. Washington County has a population density of 38.0 persons per square mile.

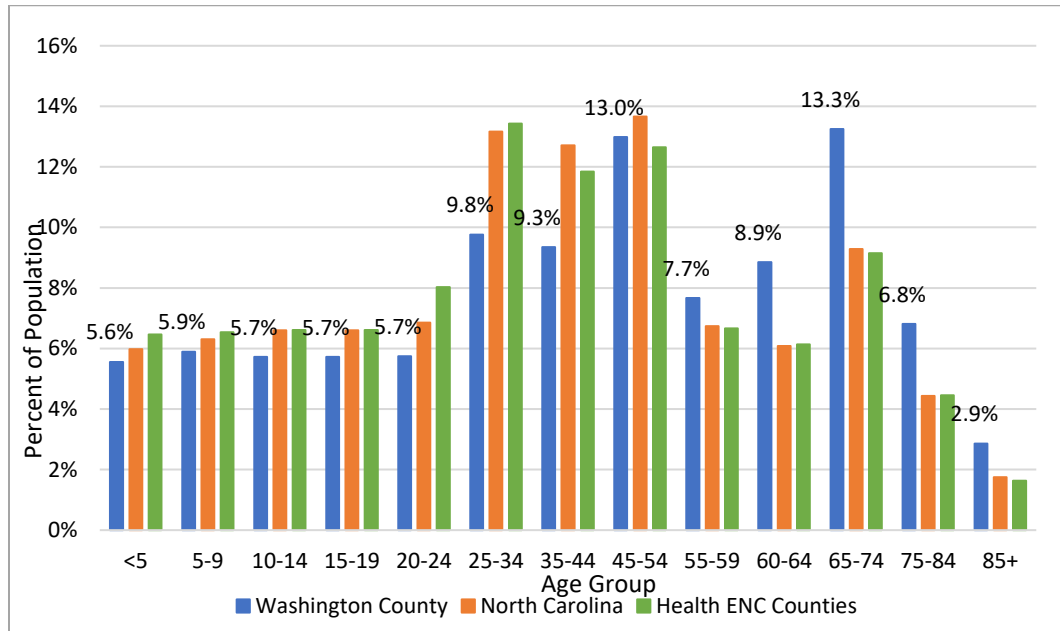
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

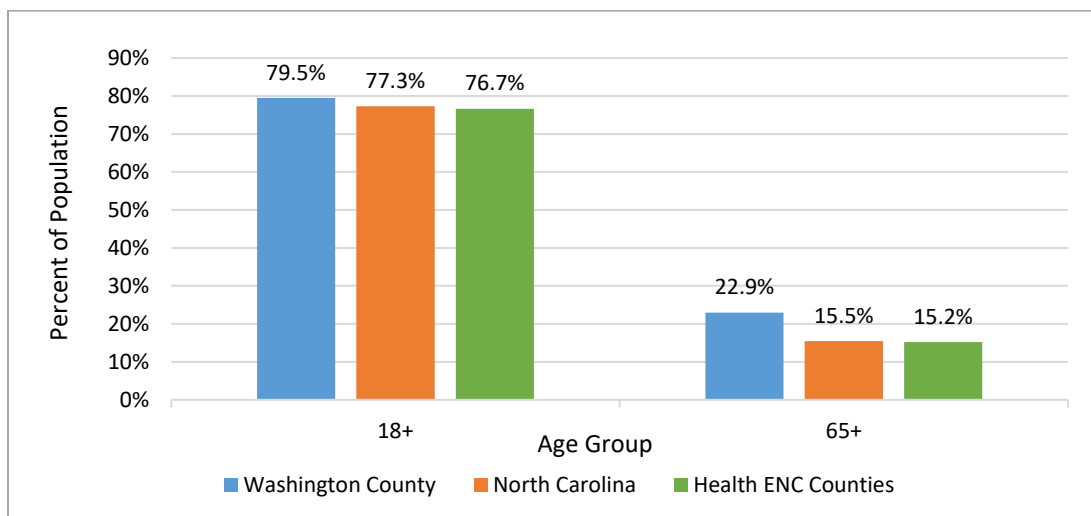
Overall, Washington County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Washington County population by age group. The 65-74 age group contains the highest percent of the population at 13.3%, while the 45-54 age group contains the next highest percent of the population at 13.0%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 22.9% of the Washington County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 46.7% of the population, whereas females comprise 53.3% of the population (Table 5). The median age for males is 45.2 years, whereas the median age for females is 48.2 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

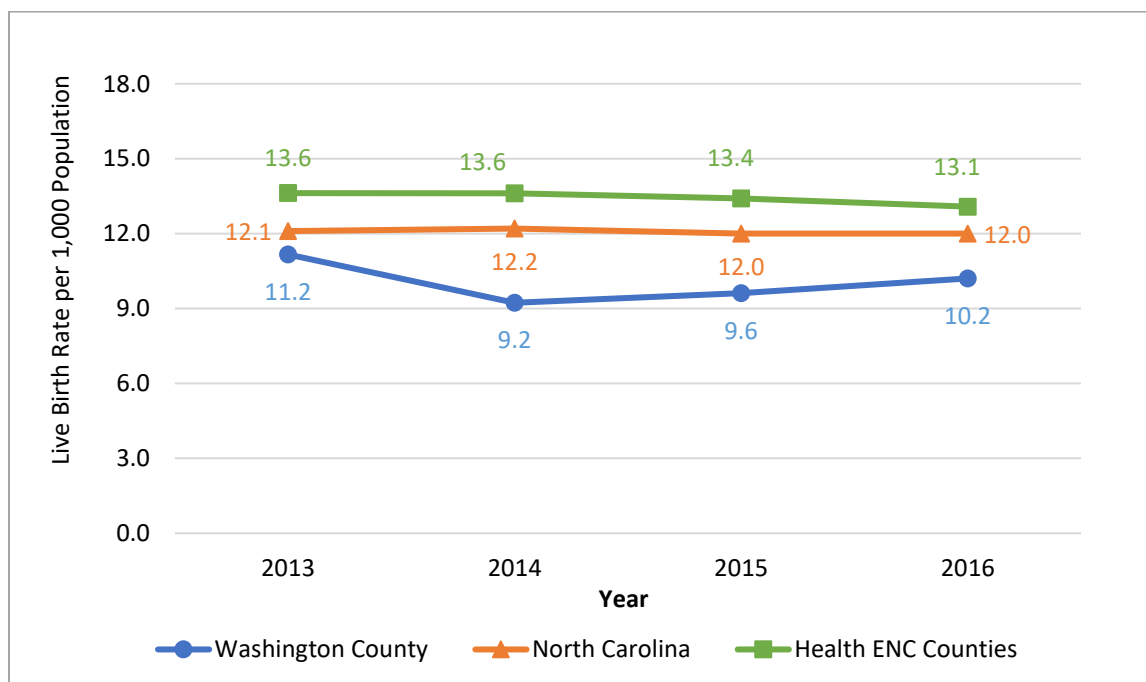
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Washington County	46.7%	53.3%	78.4%	21.3%	80.4%	24.3%	45.2	48.2
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Washington County (10.2 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, while birth rates have decreased slightly over the past three measurement periods in North Carolina and the Health ENC region, Washington County has exhibited a slight increase.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



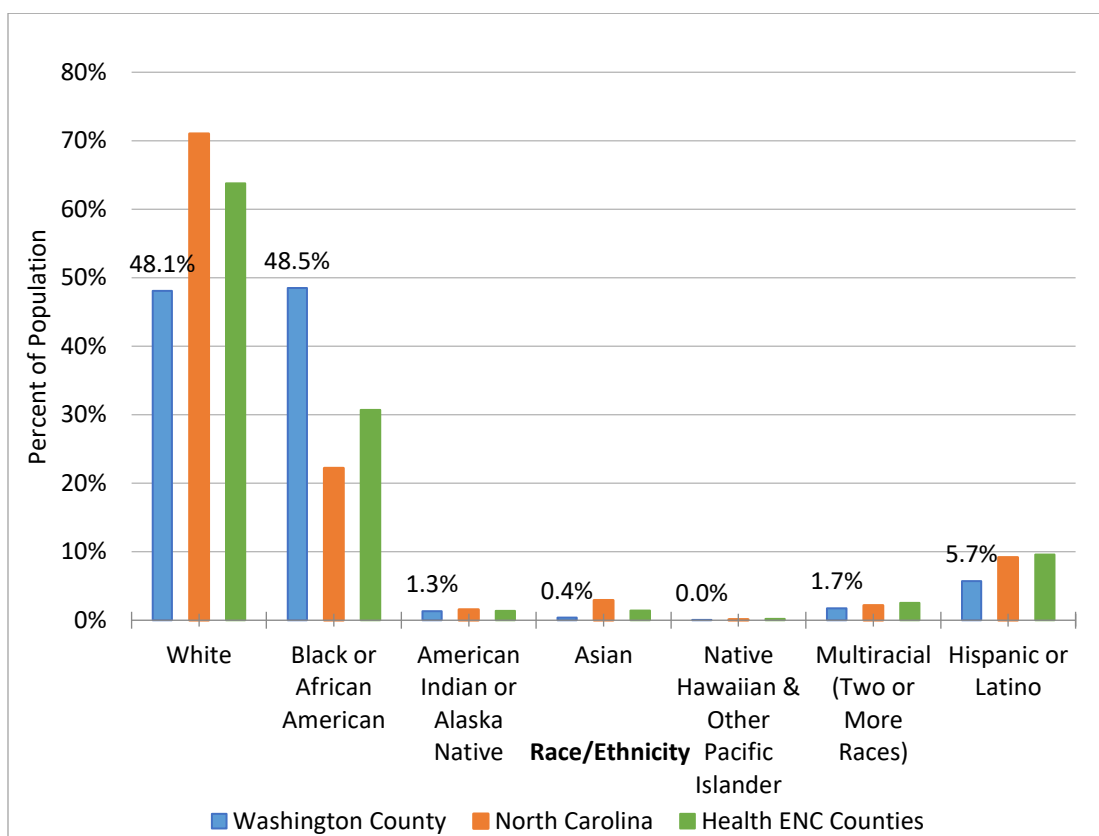
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Washington County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Washington County (48.1%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Washington County has a larger share of residents that identify as Black or African American (48.5%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 5.7% of Washington County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

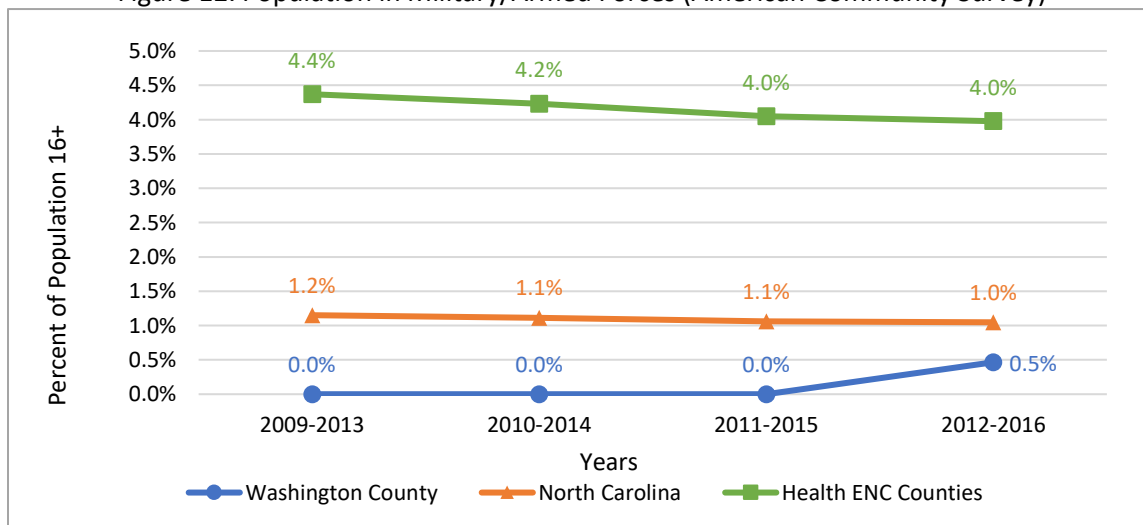
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Washington County has a smaller share of residents in the military (0.5%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Washington County's share of residents in the military increased from 0.0% in 2011-2015 to 0.5% in 2012-2016. Across four time periods, the percent of the population in the military for Washington County is lower than in North Carolina and the Health ENC region.

Figure 12. Population in Military/Armed Forces (American Community Survey)

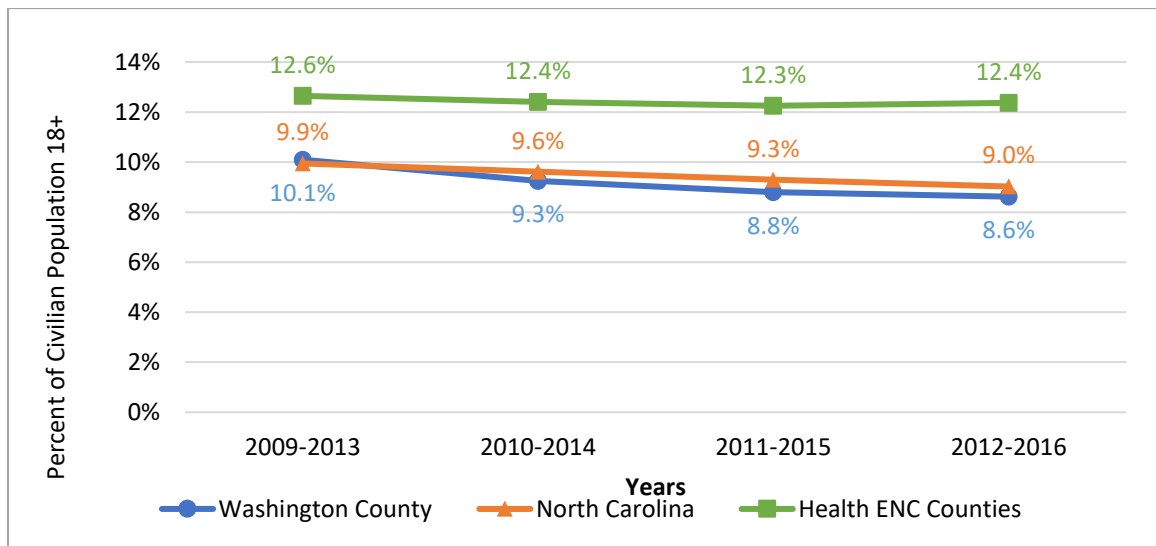


Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Washington County has a veteran population of 8.6% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Washington County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

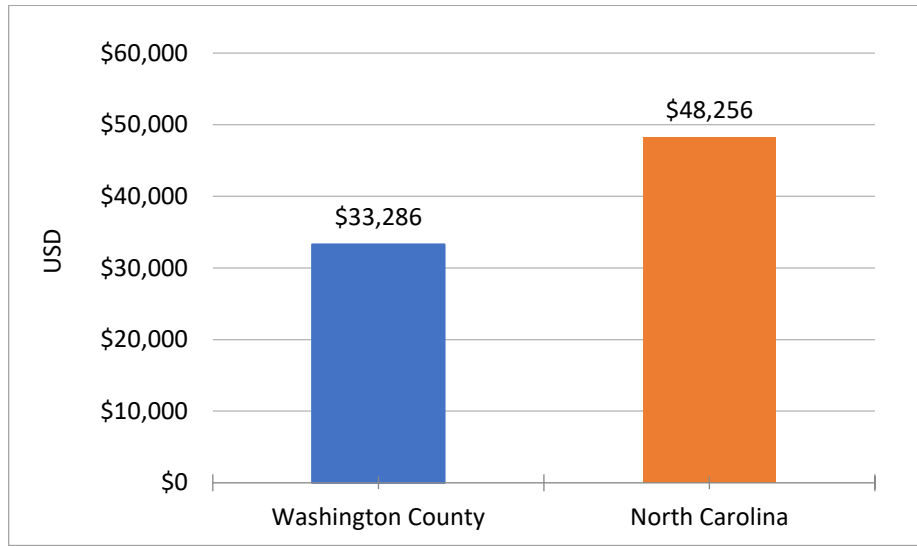
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Washington County has been assigned a Tier 1 designation for 2018.

Income

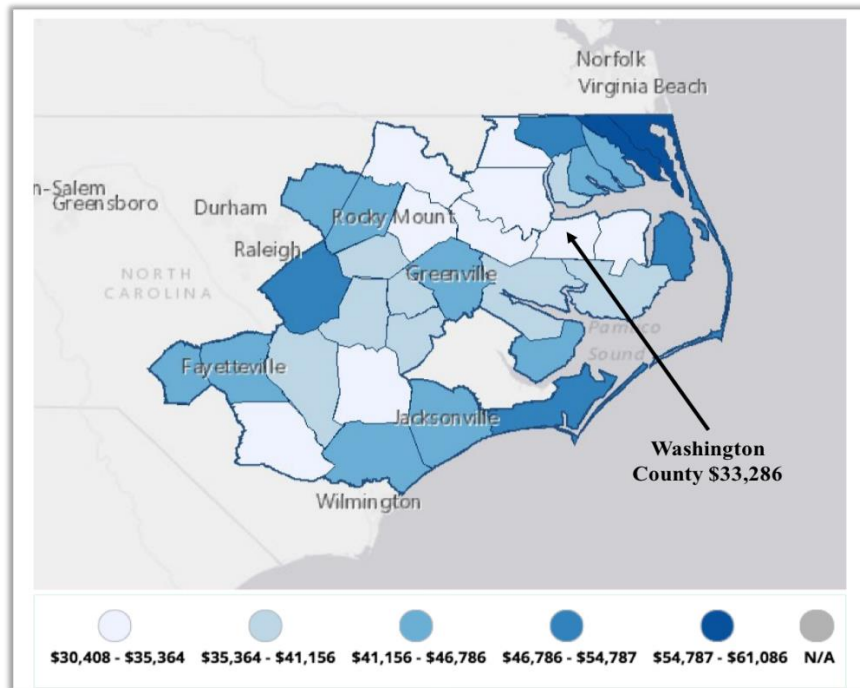
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Washington County (\$33,286), which is lower than the median household income in North Carolina (\$48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



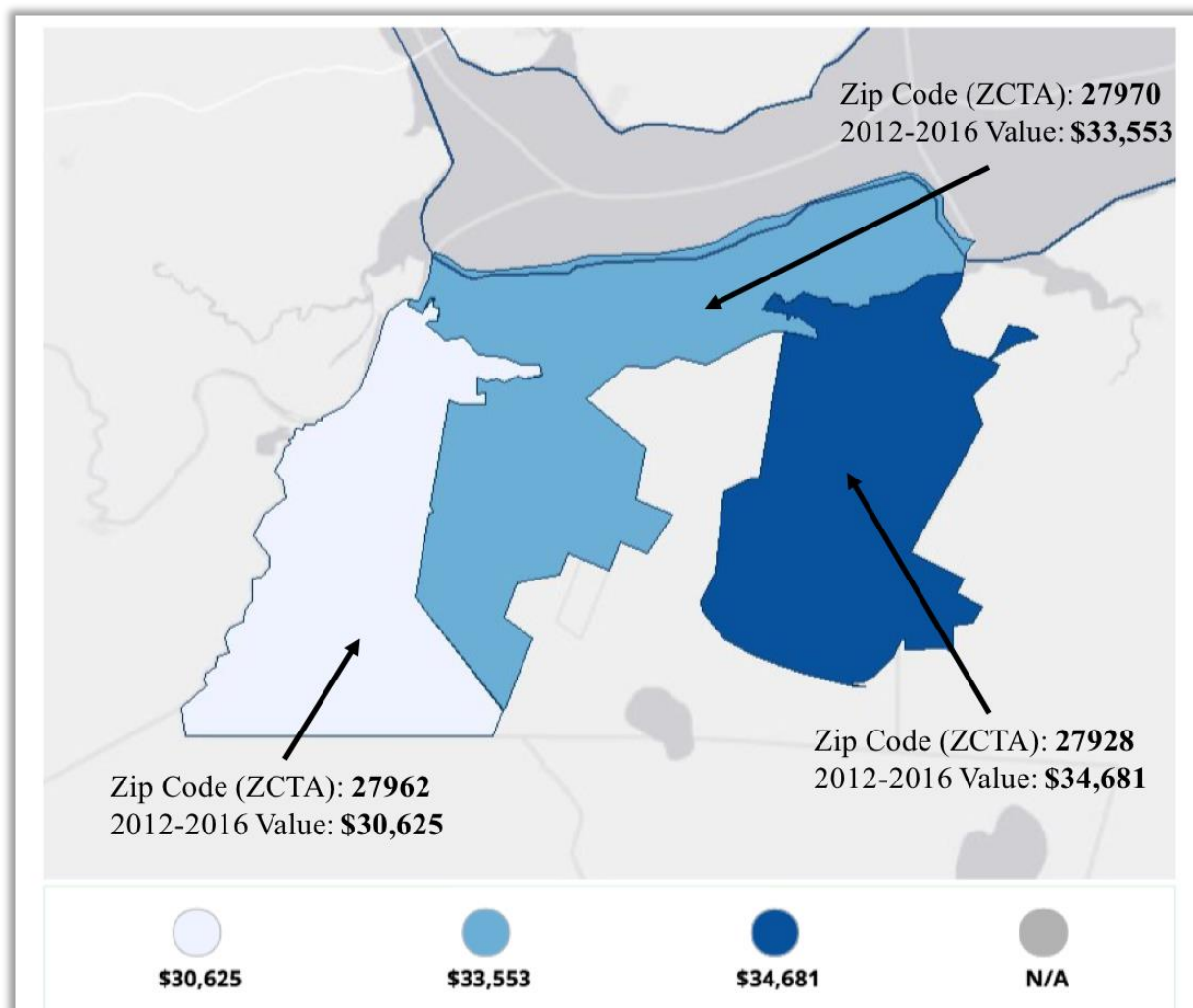
Compared to counties in the Health ENC region, Washington County has a relatively low median household income. There are only 5 counties with a lower median household income than Washington County; the remaining 27 counties in the Health ENC region have a higher median household income (Figure 15).

Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)



Within Washington County, zip code 27962 has the lowest median household income (\$30,625) while zip code 27928 has the highest median household income (\$34,681) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

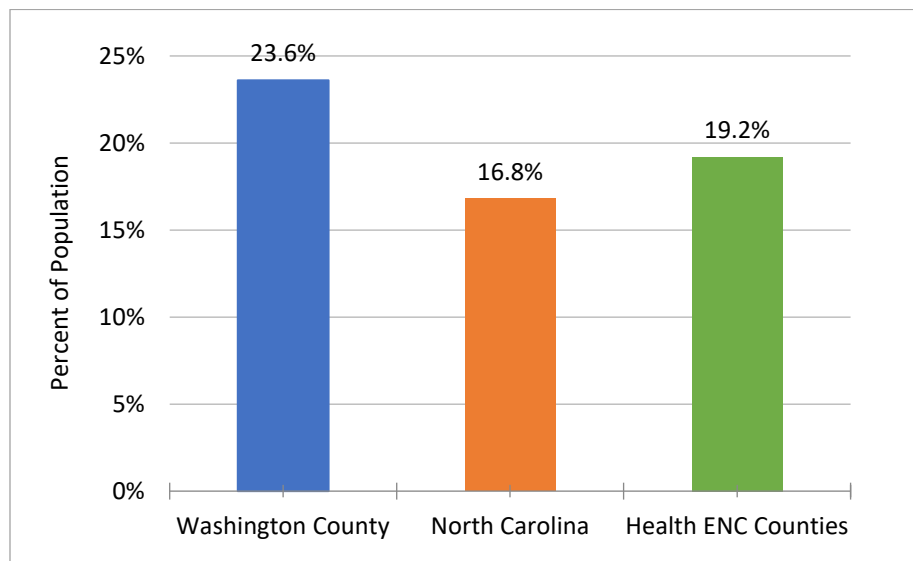


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

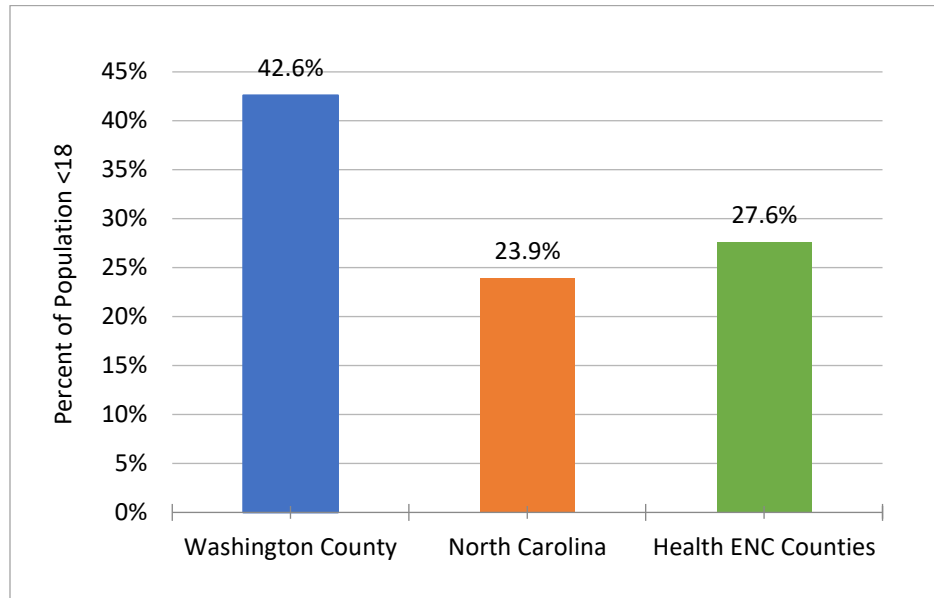
As seen in Figure 17, 23.6% percent of the population in Washington County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



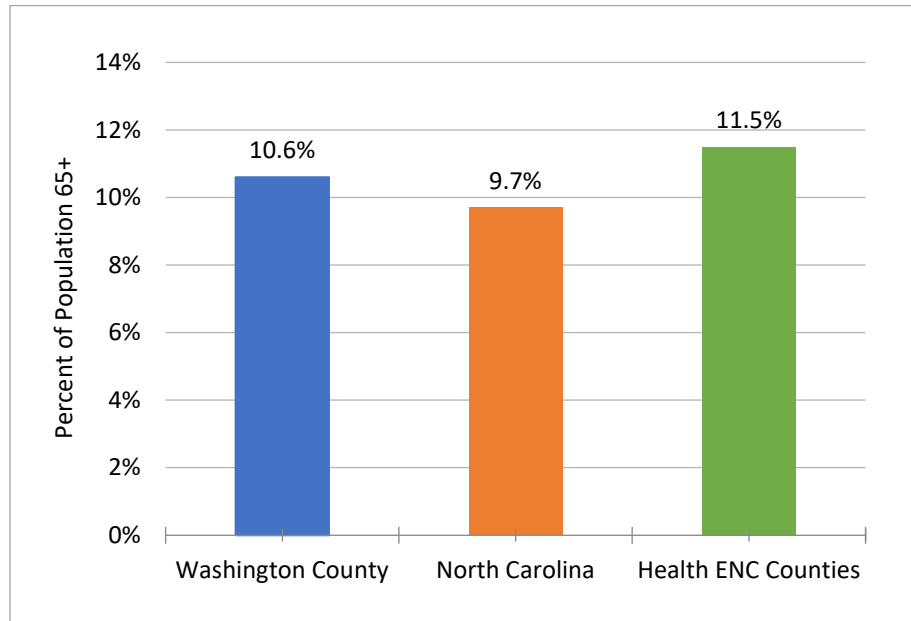
As shown in Figure 18, the rate of children living below the poverty level is also higher for Washington County (42.6%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



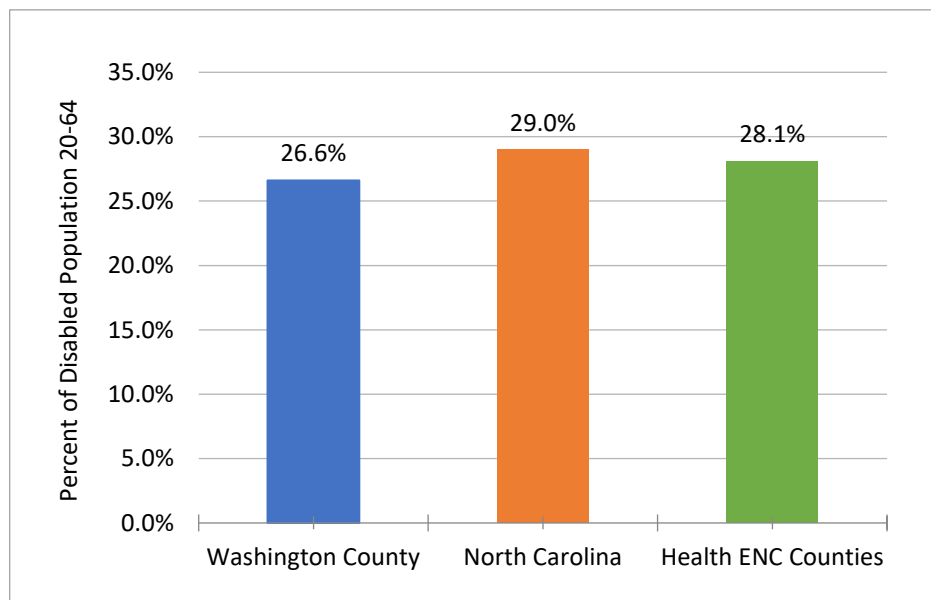
As shown in Figure 19, the rate of older adults living below the poverty level is higher in Washington County (10.6%) than in North Carolina (9.7%) and lower than the Health ENC region (11.5%).

Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Washington County (26.6%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

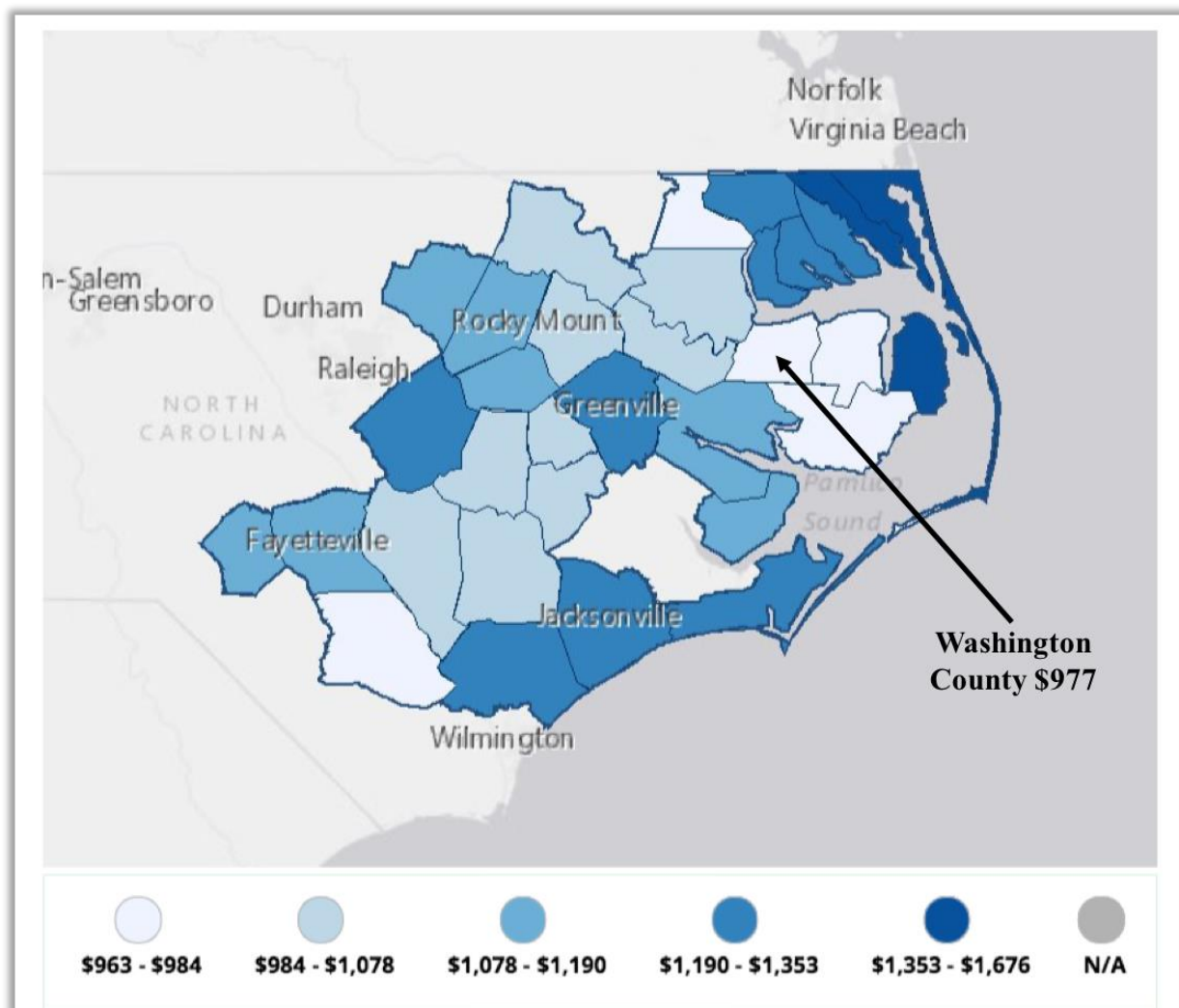


Housing

The average household size in Washington County is 2.4 people per household, which is similar to the North Carolina value of 2.5 people per household.

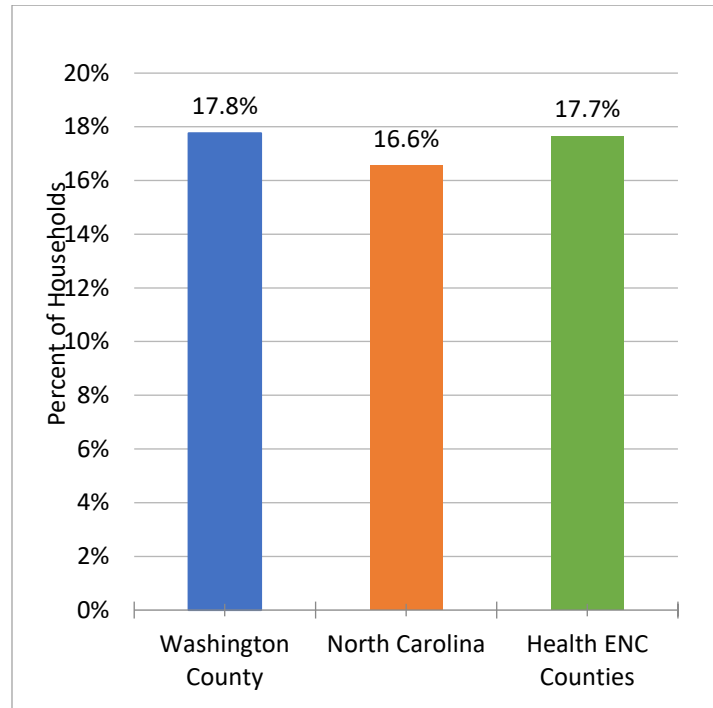
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Washington County, the median housing costs for homeowners with a mortgage is \$977. This is lower than the North Carolina value of \$1,243, and lower than all but two counties in the Health ENC region.

**Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties
(American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Almost 18% of households in Washington County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

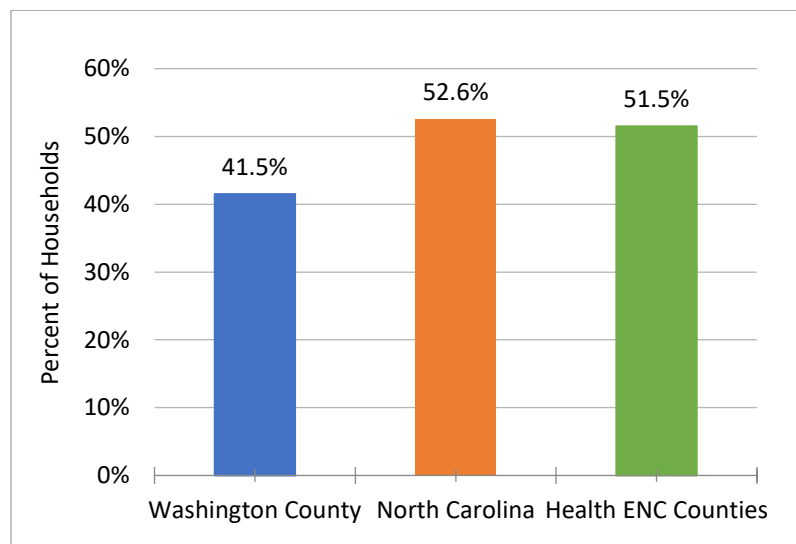


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Washington County, 41.5%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Employment

According to North Carolina Commerce data from 2017, the top five largest employers in Washington County are:

- Domtar Paper Company LLC: 250-499 employees
- Washington County Board of Education: 250-499 employees
- County of Washington: 100-249 employees
- Weyerhaeuser Co (A Corporation): 100-249 employees
- Principle Long Term Care Inc.: 100-249 employees

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Washington County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Washington County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of

need. Zip codes with populations under 300 persons are excluded. Zip code 27970, with an index value of 92.4, has the highest level of socioeconomic need within Washington County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Washington County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

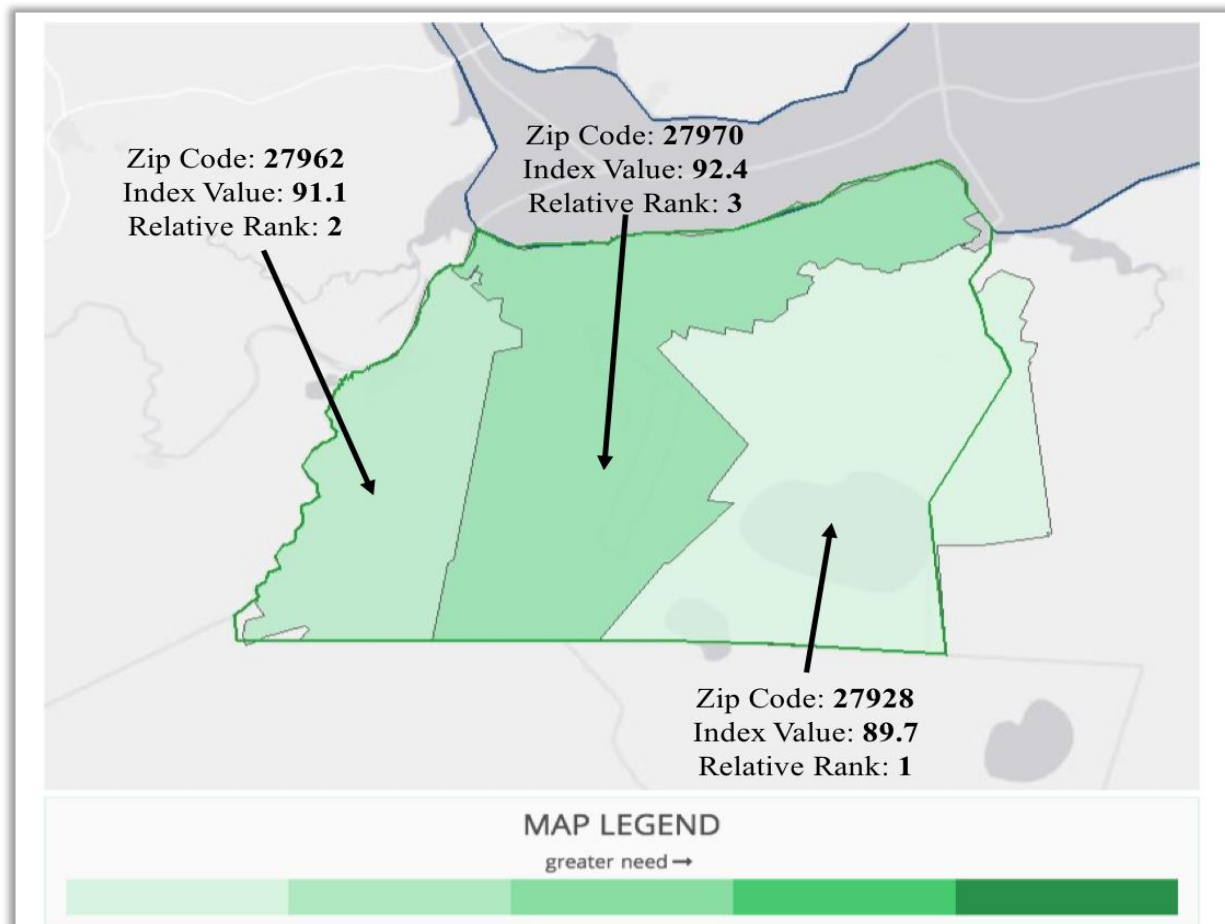


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27970	92.4	3
27962	91.1	2
27928	89.7	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Educational Profile

Washington County has the following public schools:

- Elementary Schools – 2
 - Creswell Elementary School
 - Pines Elementary School
- Middle Schools – 1
 - Washington County Middle School
- High Schools – 1
 - Washington County High School
- Early College – 1
 - Washington County Early College High School

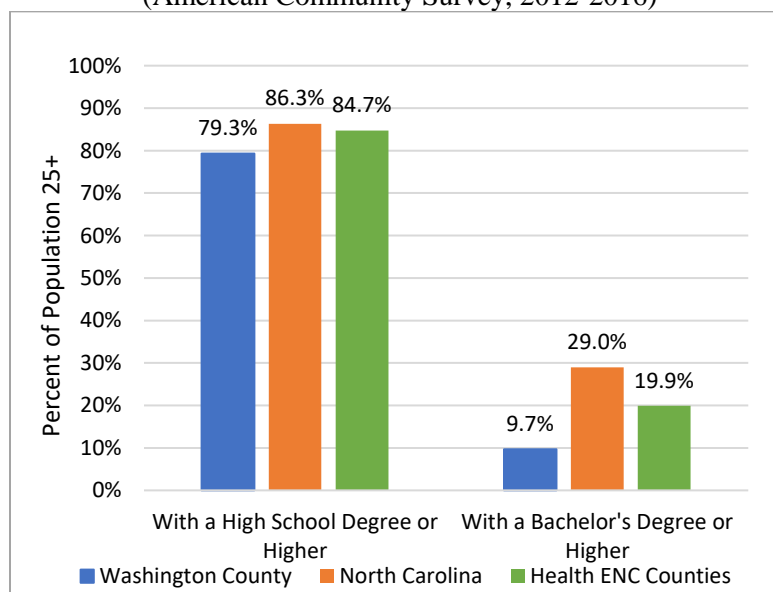
Washington County residents do not have access to a Community College within the county, but can access Beaufort County Community College in Washington, NC.

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

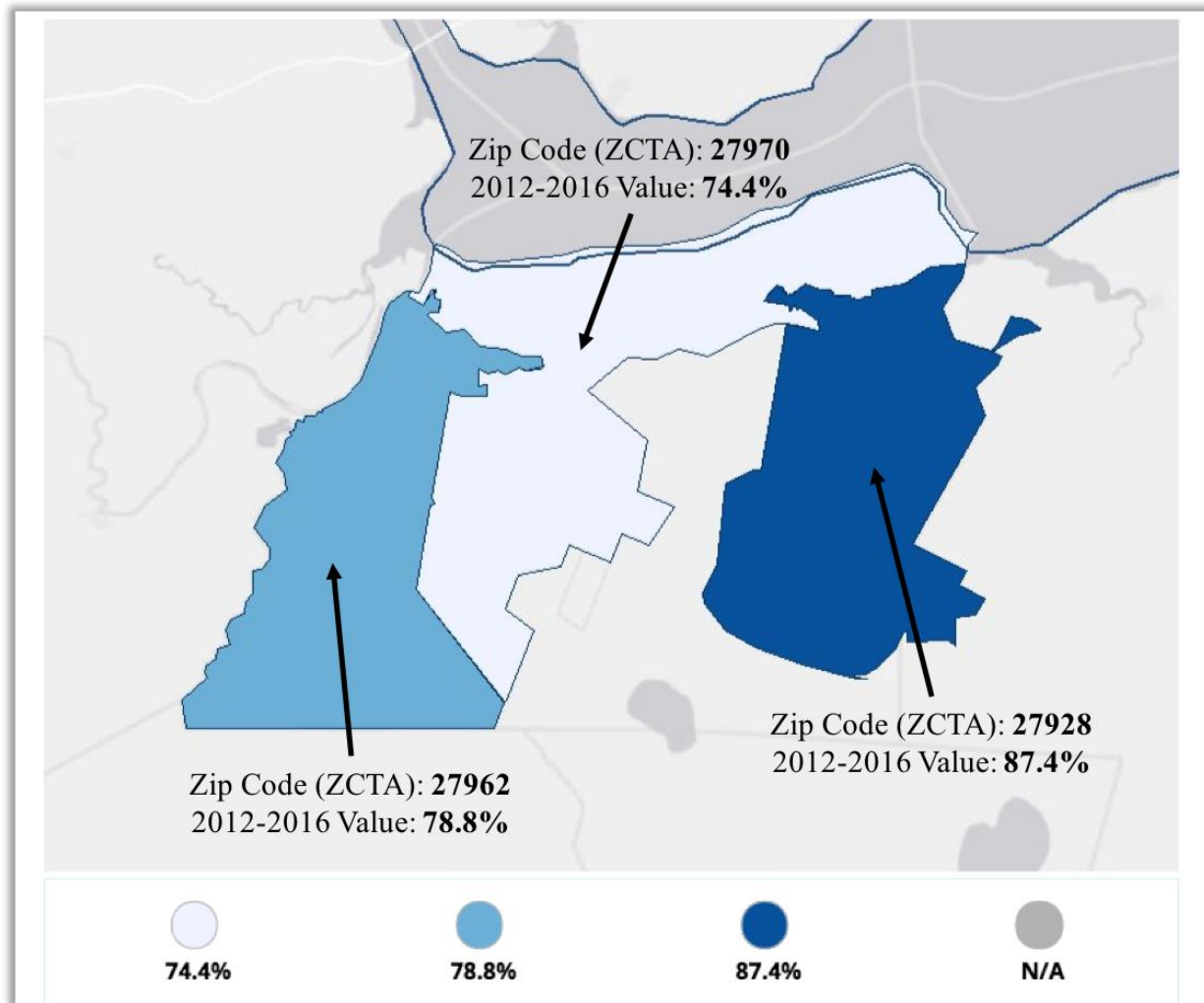
Countywide, the percent of residents 25 or older with a high school degree or higher (79.3%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Washington County is also lower than both the state value and the Health ENC region. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina and 19.9% in the Health ENC counties, only 9.7% of residents 25 and older have a bachelor's degree or higher in Washington County (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



In some areas of the county, including zip code 27970, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 75% (Figure 26).

Figure 26. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)

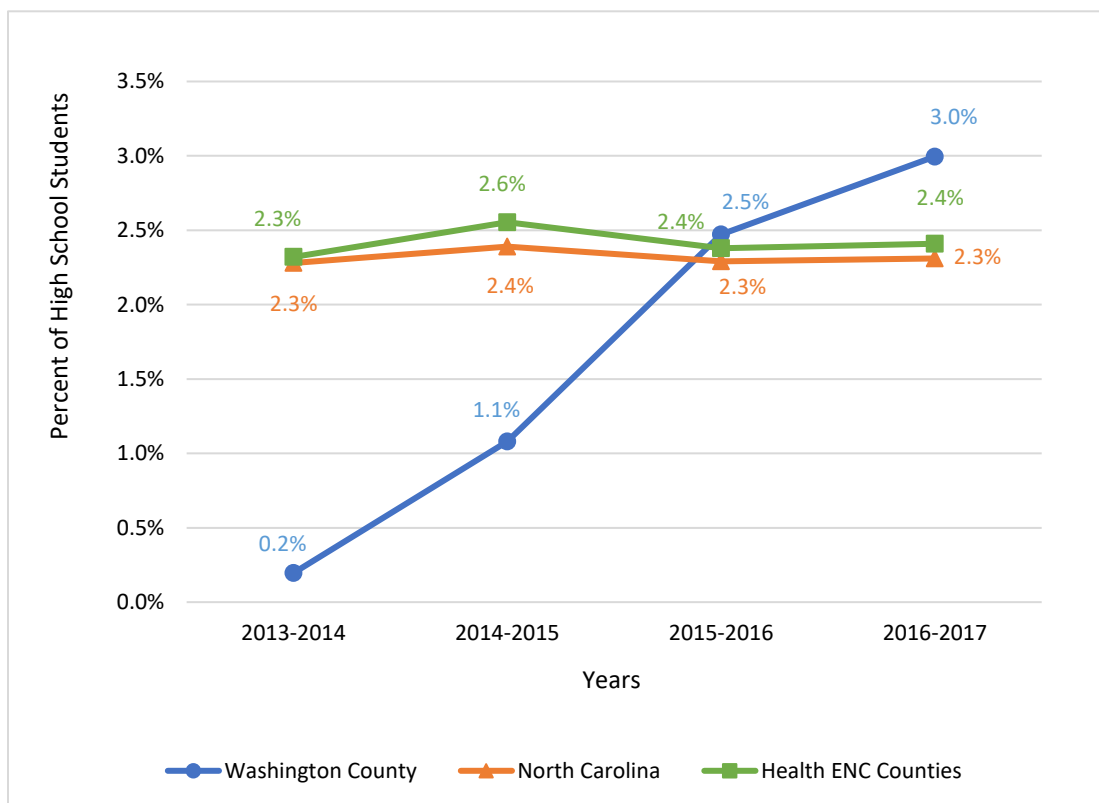


High School Dropouts

High school dropouts earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Washington County's high school dropout rate, given as a percent of high school students in Figure 27, is 3.0% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). While Washington County's high school dropout rate was lower than North Carolina's and the Health ENC region's rates in 2013-2014 and 2014-2015, it increased over time and it has exceeded the state and regional rates.

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

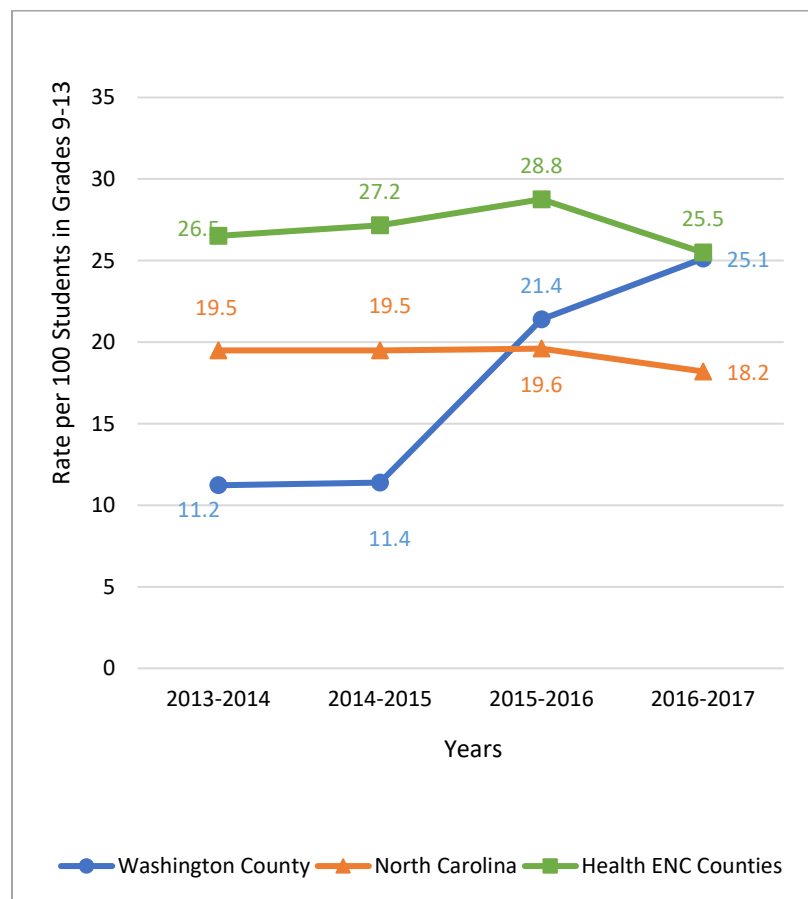


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Washington County's rate of high school suspension (25.1 suspensions per 100 students) is higher than North Carolina's rate (18.2) and slightly lower than the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, while the rates for North Carolina and the Health ENC region are fairly consistent across four time periods, Washington County's values have been increasing.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 1.1% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Washington County, with an estimated 0% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Washington County, 79.0% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

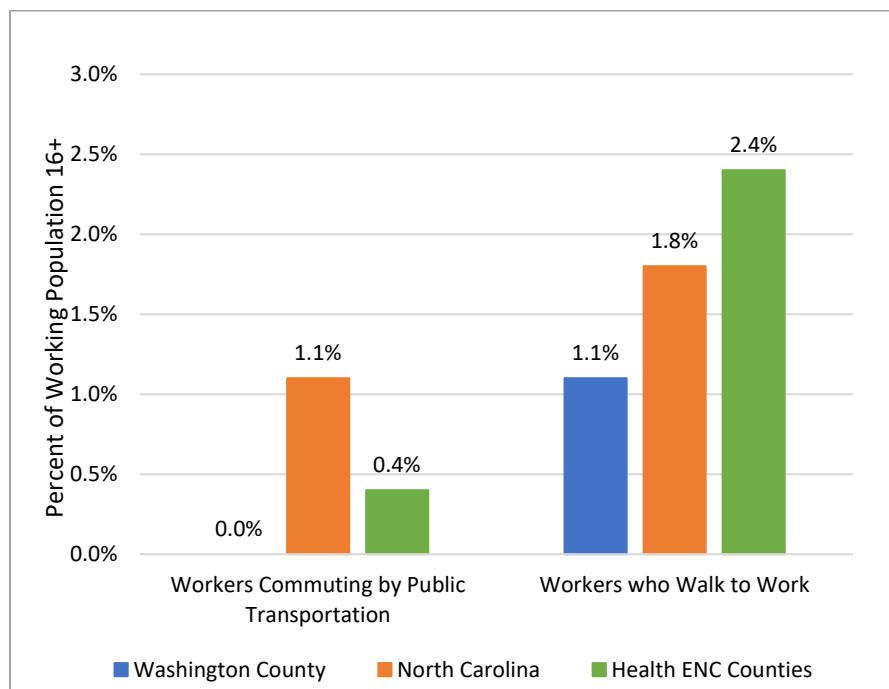
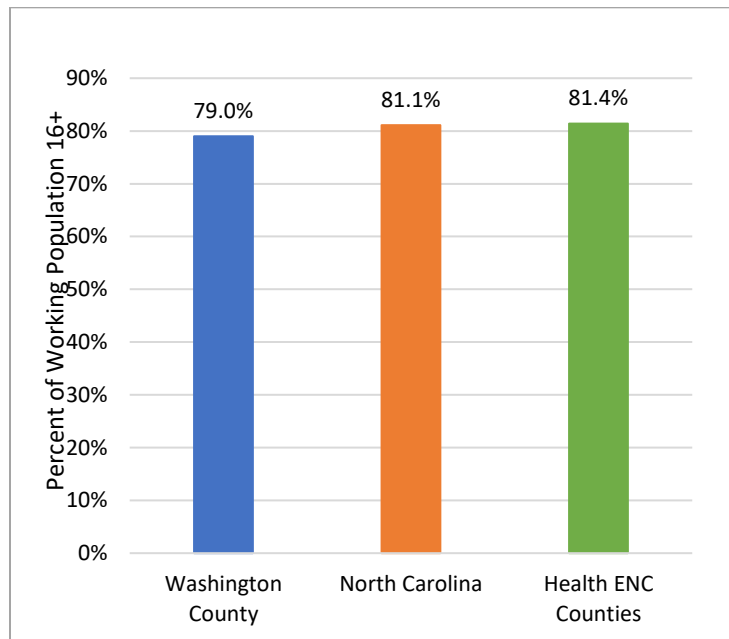


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



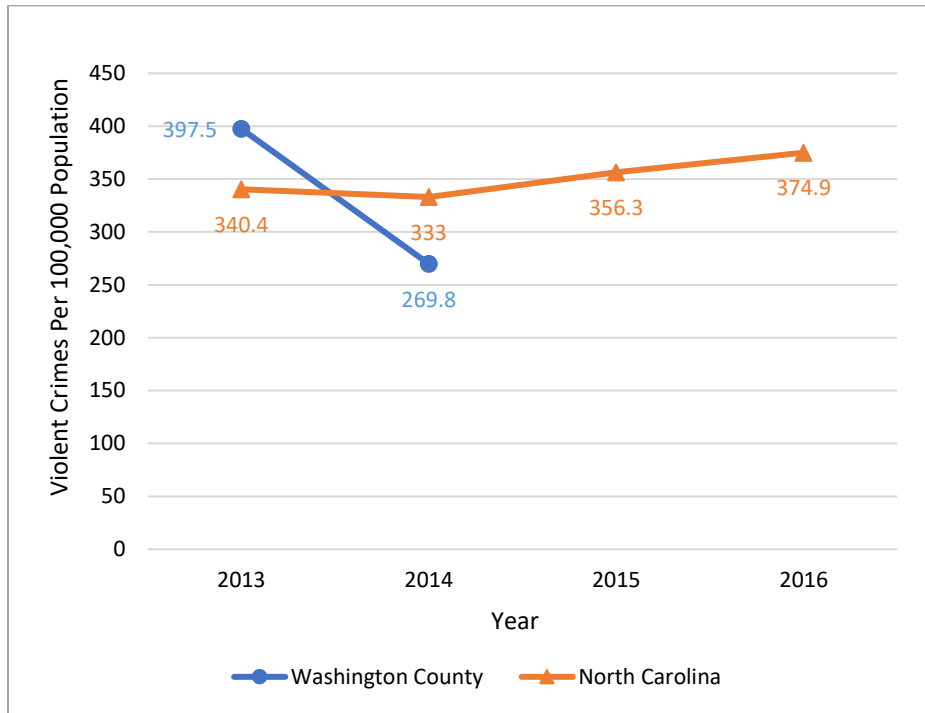
Crime and Safety

Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

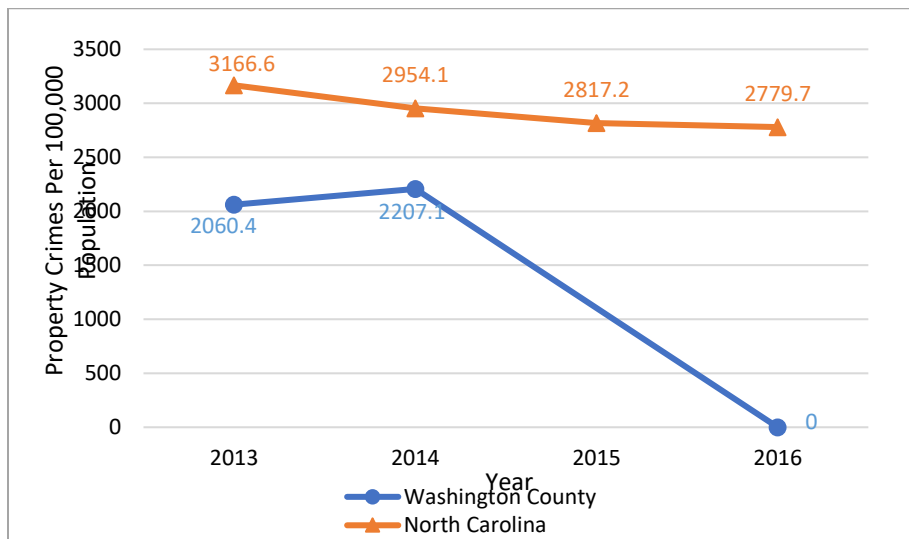
The violent crime rate in Washington County in 2014 was 269.8 per 100,000 population, compared to 333 per 100,000 people in North Carolina (Figure 31). No values are available for Washington County for 2015 and 2016.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Washington County in 2014 (2207.1 per 100,000 people) was lower than the state value (2,954.1 per 100,000 people) (Figure 32). No values are available for Washington County in 2015 and 2016. Over the past four measurement periods, the property crime rate has decreased in both the county and state.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Washington County (1.0) is lower than the rate in North Carolina (1.5) and slightly lower than the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

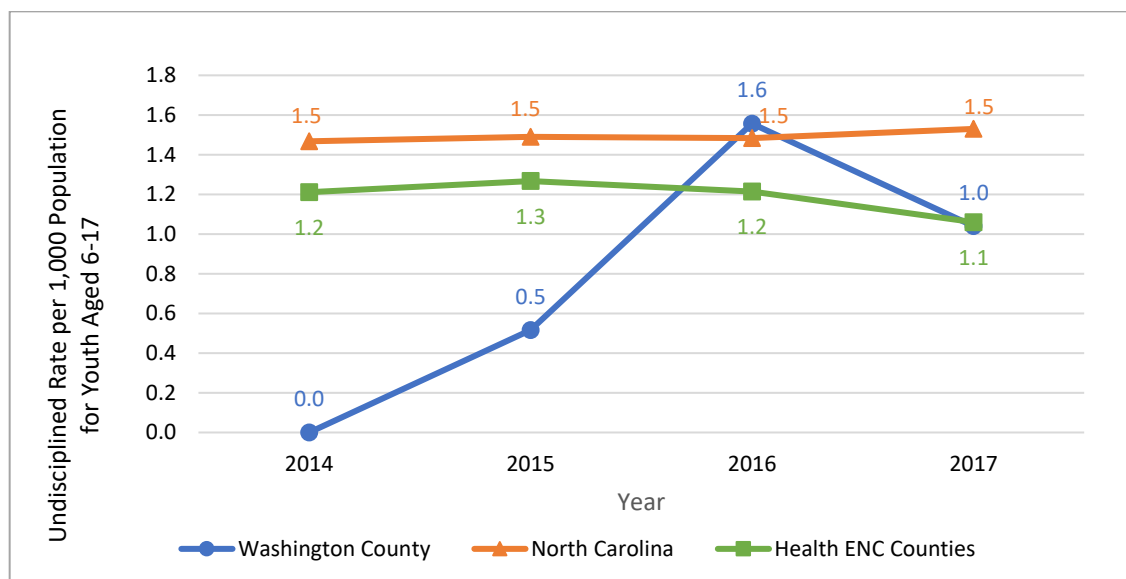
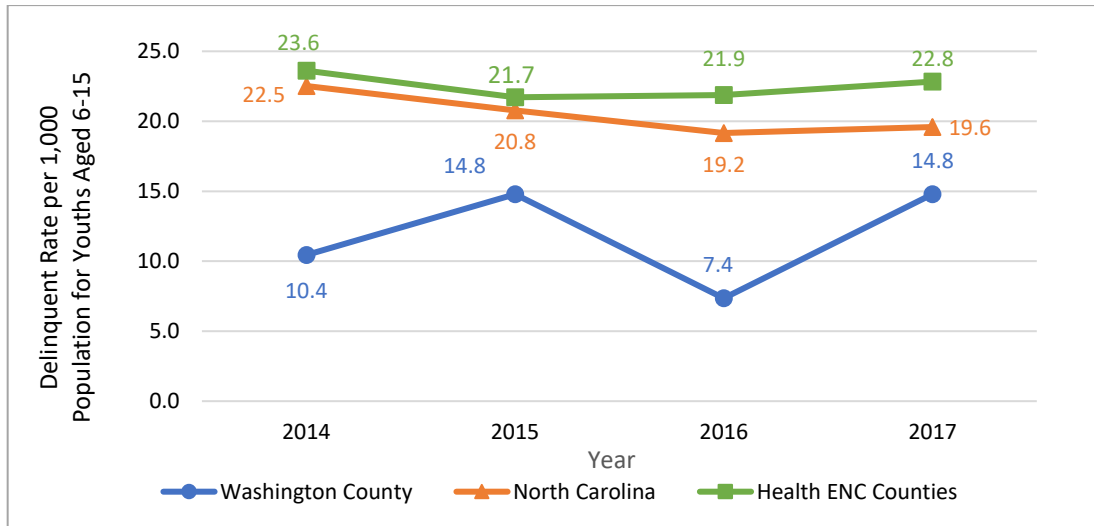


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Washington County has fluctuated since 2014, the rates are lower than North Carolina's and the Health ENC region's rates. The 2017 juvenile delinquent rate for Washington County (14.8) is lower than North Carolina (19.6) and the Health ENC region (22.8).

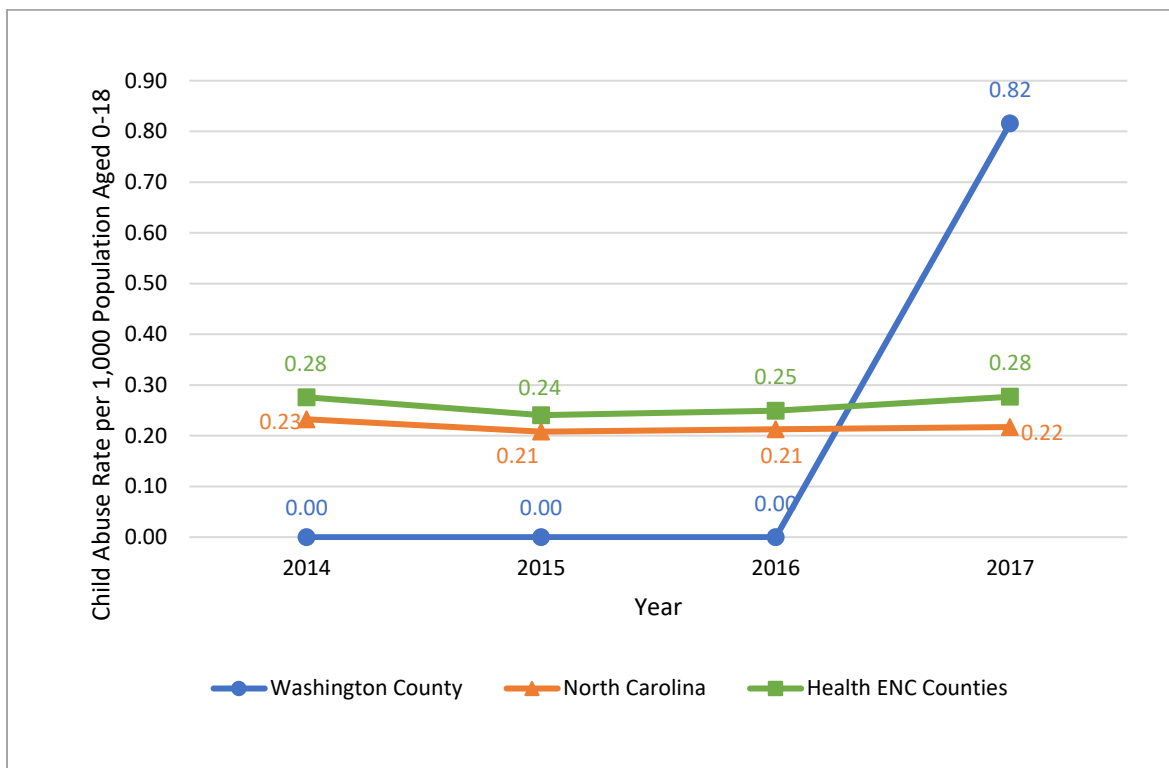
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Washington County (0.82 per 1,000 population) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28). While the county rate was 0.00 from 2014 to 2016, the rate increased to 0.82 in 2017.

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

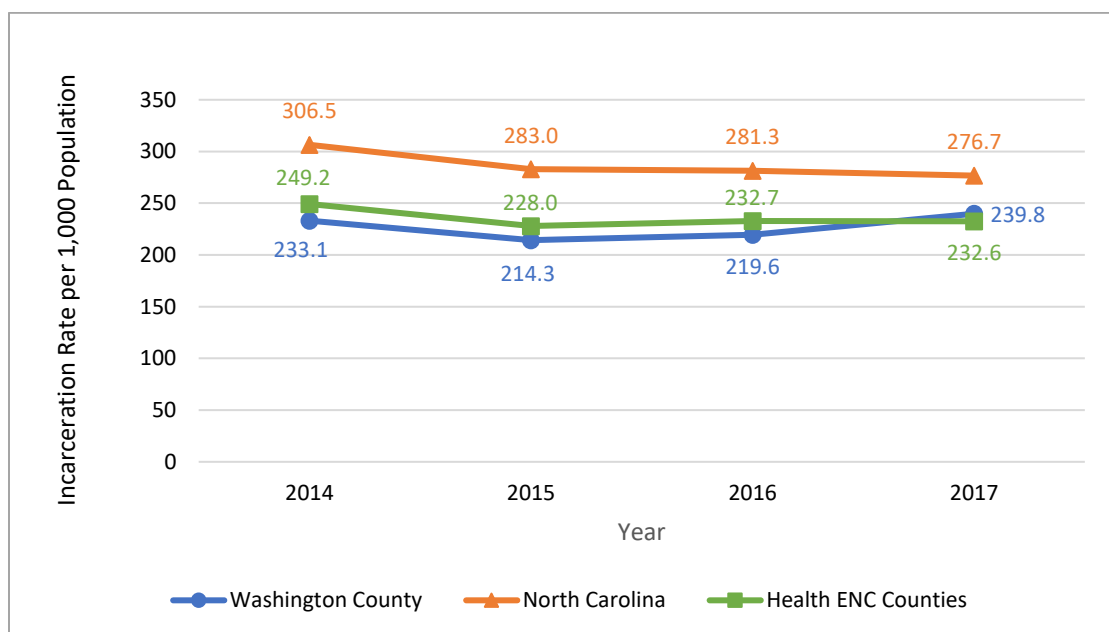


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Washington County has increased over the past three measurement periods. The 2017 incarceration rate in Washington County (239.8 per 1,000 population) is lower than North Carolina (276.7) and higher than the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Washington County, 87.3%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 13% of the population in Washington County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

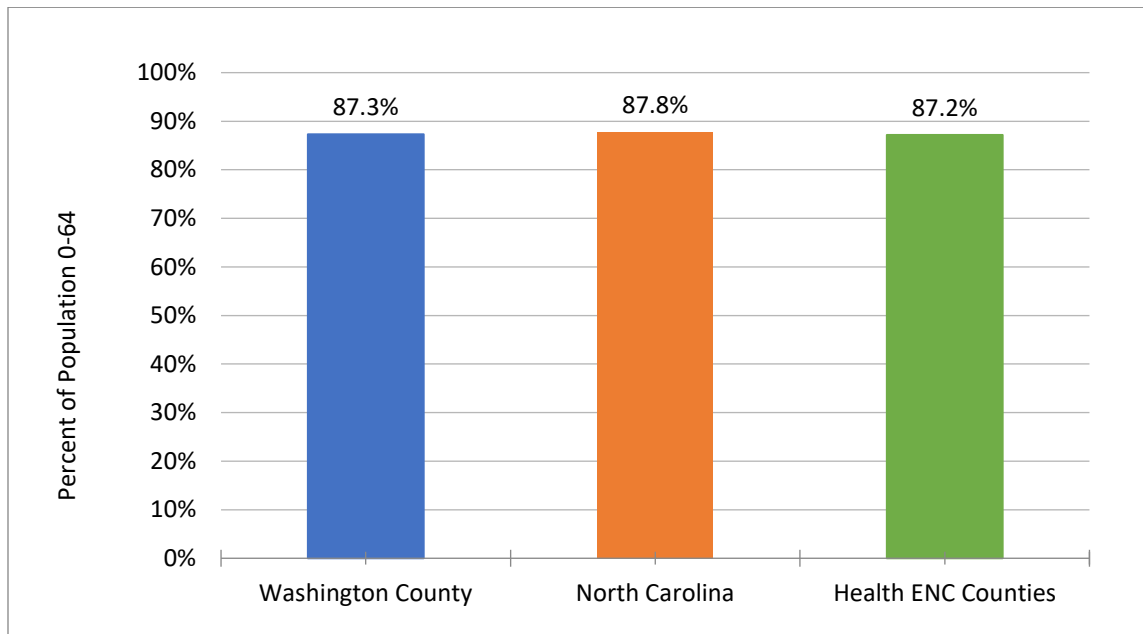
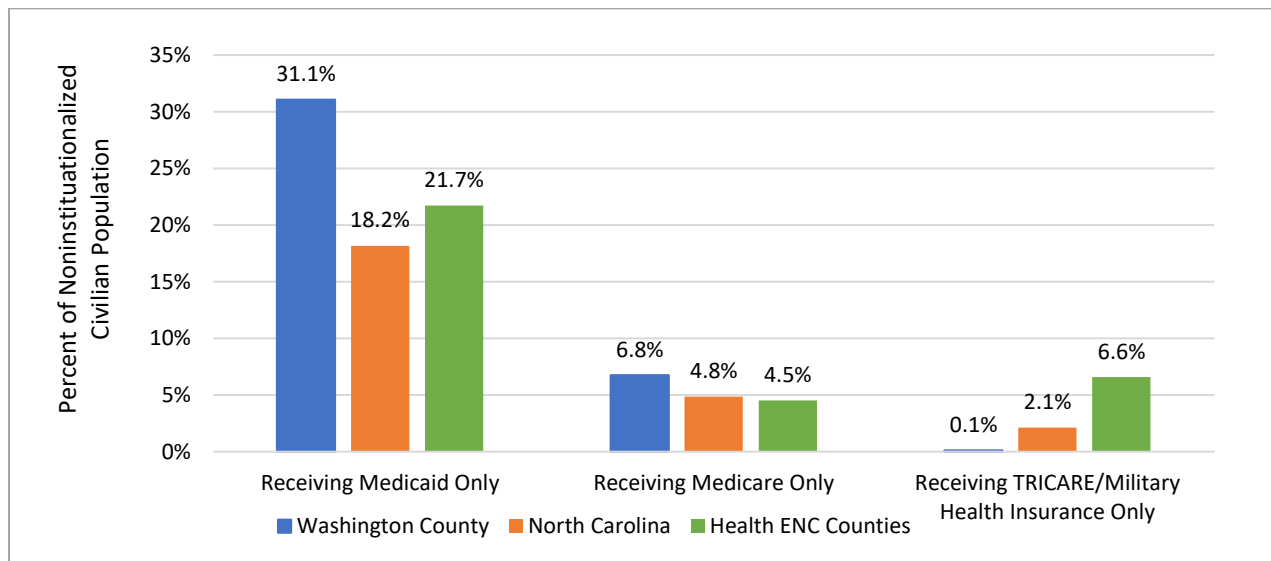


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Washington County has a higher percent of people receiving Medicaid (31.1%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Washington County (6.8%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Washington County (0.1%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare
(American Community Survey, 2012-2016)



Civic Activity

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Washington County has a higher percent of residents of voting age (79.5%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

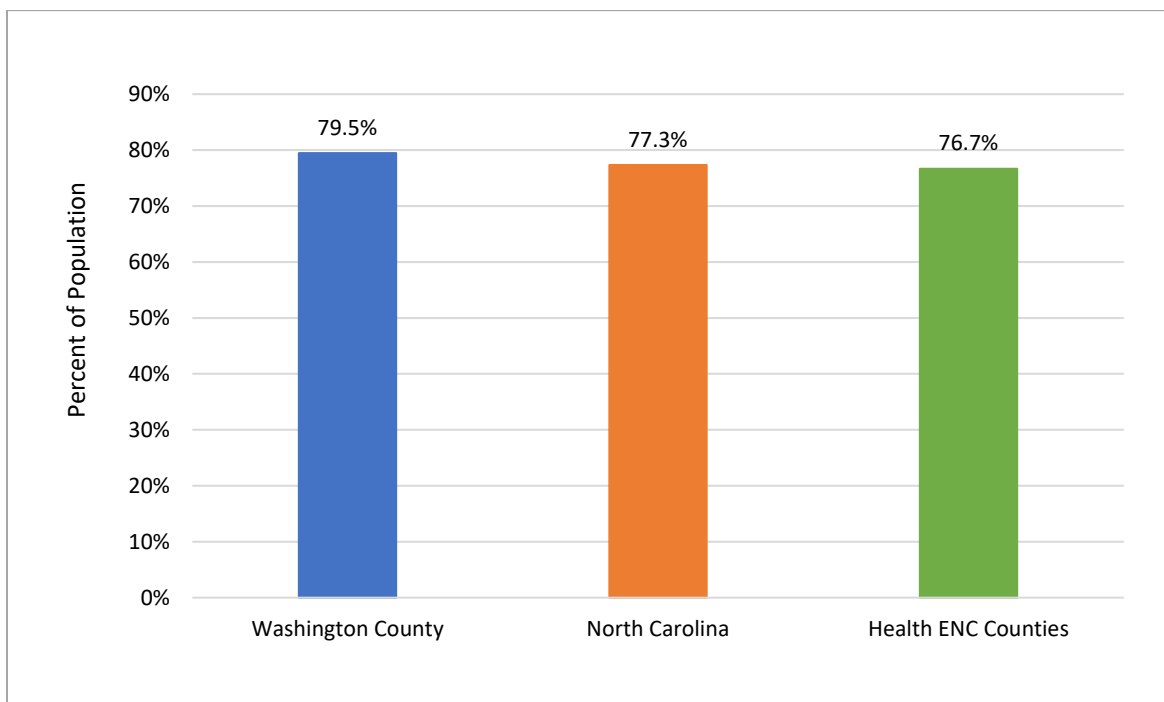
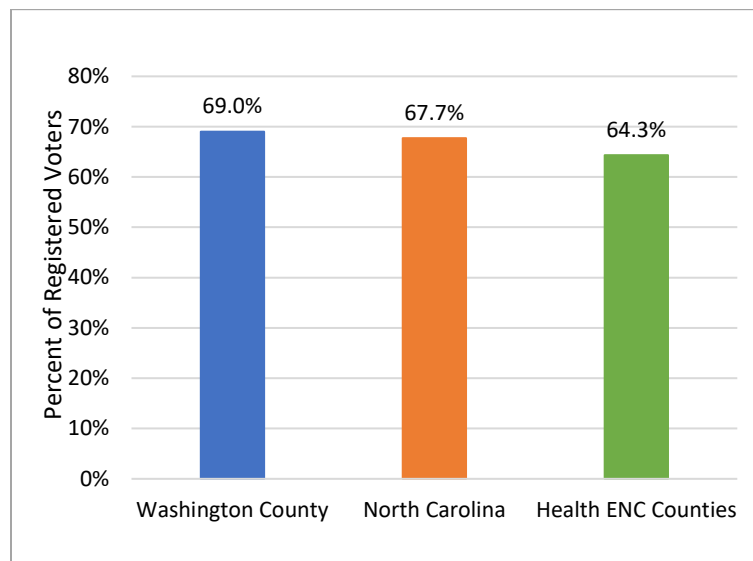


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Washington County was 69.0%, which is slightly higher than the state value (67.7%) and higher than Health ENC counties (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Washington County by topic area. Topics with higher scores indicate greater need. Maternal, Fetal & Infant Health is the poorest performing health topic for Washington County, followed by Diabetes, Access to Health Services, Economy and Transportation.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Maternal, Fetal & Infant Health	2.20
Diabetes	1.97
Access to Health Services	1.94
Economy	1.91
Transportation	1.89

*See [Appendix B](#) for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Washington County. Low income/poverty was the most frequently selected issue and was ranked by 50.7% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents show child abuse, domestic violence, homelessness, neglect and abuse, rape/sexual assault and elder abuse as issues most affecting the quality of life in Washington County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

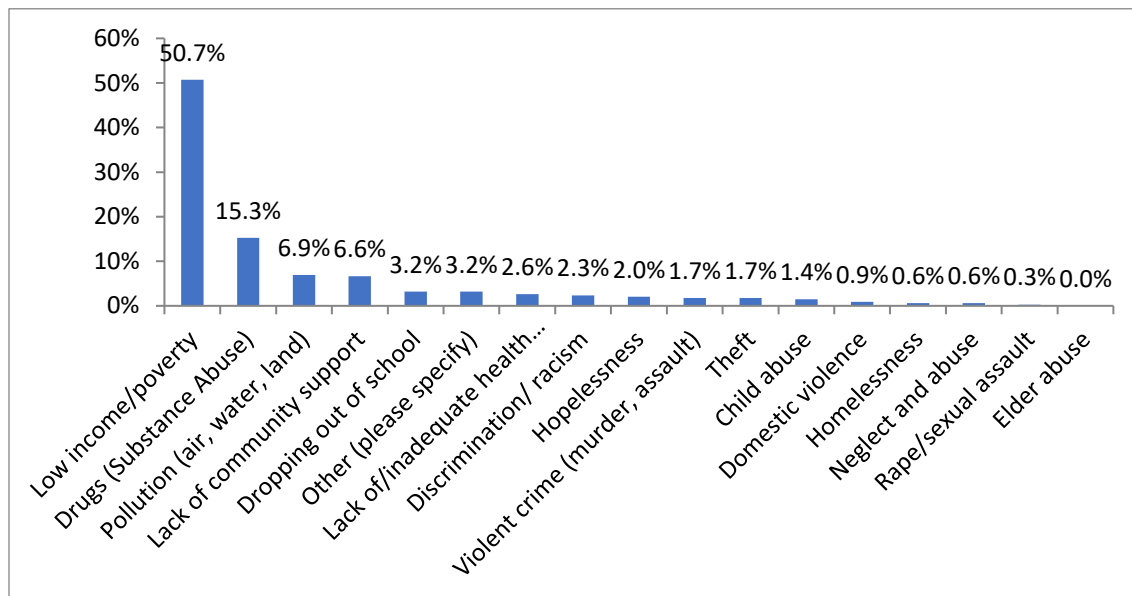


Figure 42 displays the level of agreement among Washington County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a good place to grow old. More than half of survey respondents disagreed (35%) or strongly disagreed (41%) that the county has plenty of economic opportunity. Further, 58% of survey respondents either disagreed or strongly disagreed that the county has good parks and recreation facilities.

Figure 42. Level of Agreement Among Washington County Residents in Response to Nine Statements about their Community

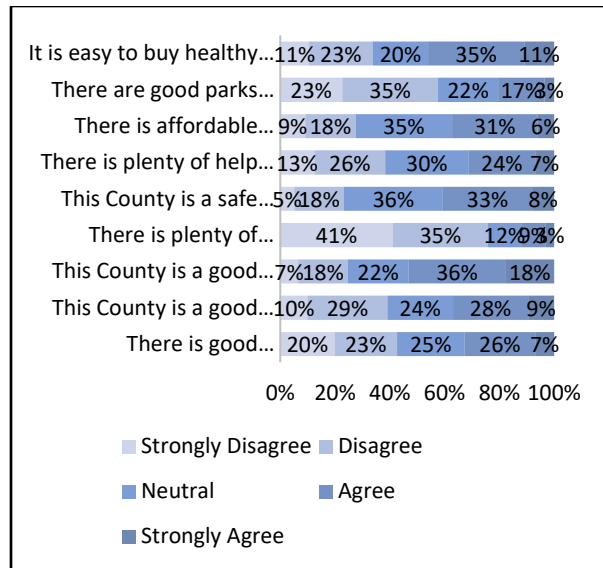


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Washington County. Higher paying employment was the most frequently selected issue, followed by availability of employment and better/more recreation facilities.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

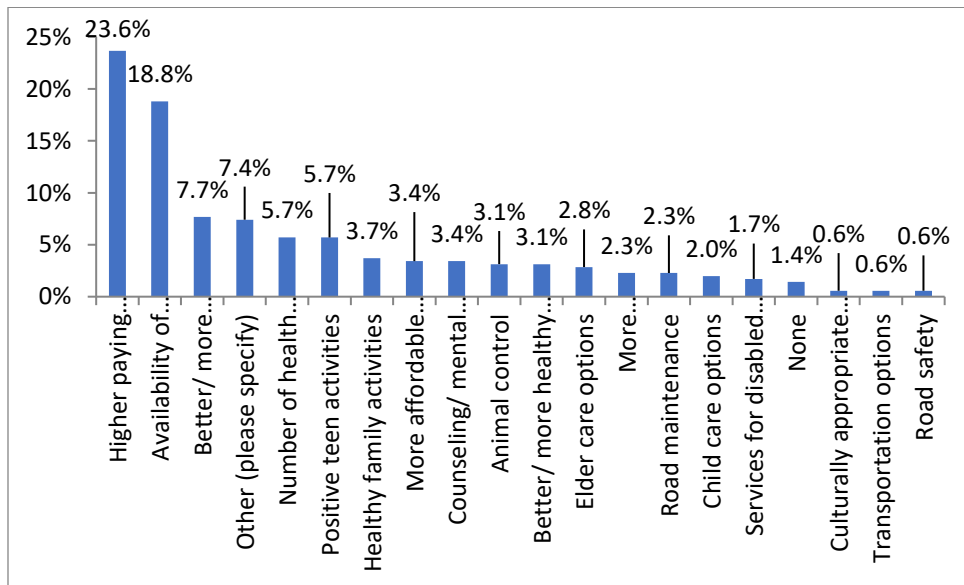
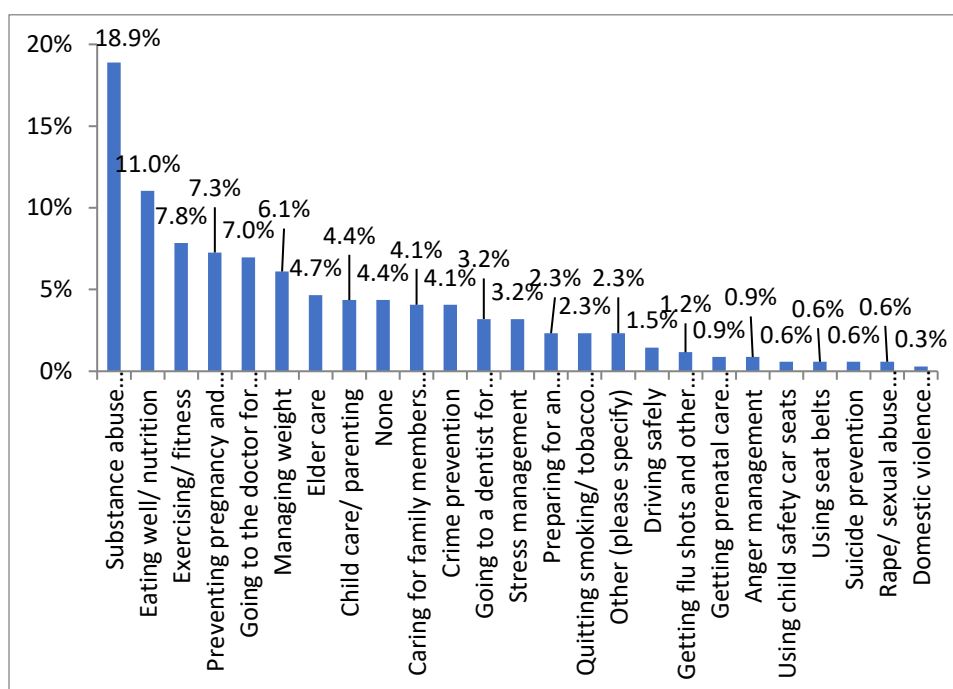


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Washington County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 18.9% of survey respondents. This was followed by other, eating well/nutrition, exercising/fitness, preventing pregnancies/sexually transmitted diseases, and going to the doctor for yearly check-ups.

Figure 44. Health Behaviors that Residents Need More Information About as Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Washington County by topic area or code. Topics with higher frequency (referring to the number of times a particular topic was mentioned in the context

of needs/concerns or barriers/challenges to achieving health) indicate greater need. Access to Health Services was the most frequently discussed need among focus group participants, followed by Healthcare Navigation/Literacy, Financial Stress, Exercise, Nutrition, & Weight, Substance Abuse and Transportation.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition & Weight	57
Access to Health Services	33
Occupational & Environmental Health	30
Migrant Community	25
Environment	20

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Washington County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

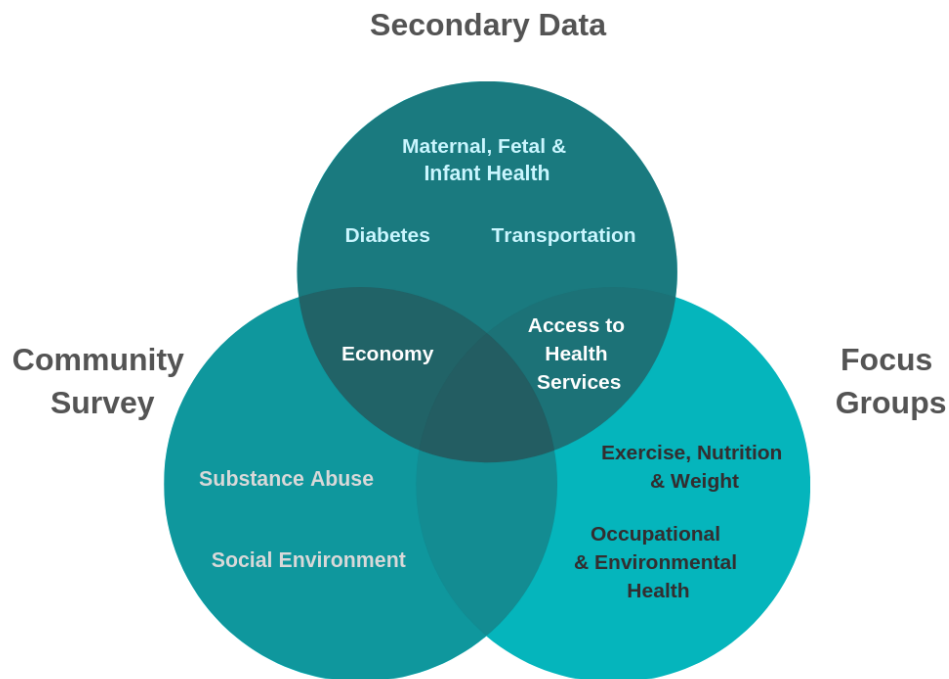
Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	5 topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 45 displays the top needs from each data source in the Venn diagram.

Figure 45. Data Synthesis Results



Across all three data sources, there is strong evidence of need to assess Access to Health Services and Economy. Although survey respondents Substance Use and Social Environment a high level of importance, this topic did not rank as high in the focus groups or data scoring. Exercise, Nutrition and Weight and Occupational & Environmental Health was ranked high among focus group discussion but did not rank as high in the survey or data scoring. Finally, a few topics were ranked as top needs by data scoring only: Diabetes, Maternal, Fetal & Infant Health and Transportation.

As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

Topic Areas Examined in This Report

Nine topic areas were identified across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report

Access to Health Services*
Diabetes*
Economy*
Exercise, Nutrition & Weight
Maternal, Fetal & Infant Health*
Occupational & Environmental Health
Social Environment
Substance Abuse
Transportation*

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called ‘Other Significant Health Needs’ which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in ‘Other Significant Health Needs’ includes Exercise, Nutrition & Weight, Occupational & Environmental Health, Social Environment and Substance Abuse.







Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Washington County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral.

Table 12

describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Maternal, Fetal & Infant Health







Key Issues

- Very low and low birth weight babies are significant indicators that are high need
- Teen Pregnancy is higher in Washington County than North Carolina overall, Update text
- There may be a lack of awareness by community members of the issues related to this topic area

Secondary Data

The secondary data scoring results reveal Maternal, Fetal & Infant Health as the top need in Washington County with a score of 2.20. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown Table 13.

Table 13. Data Scoring Results for Maternal, Fetal & Infant Health

Score	Indicator (Year) (Units)	Washington County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.43	Babies with Low Birth Weight (2012-2016) (percent)	11.3	9	8.1				-	7.8
2.33	Preterm Births (2016) (percent)	14.3	10.4	9.8				-	9.4
2.23	Babies with Very Low Birth Weight (2012-2016) (percent)	2.2	1.7	1.4				-	1.4
1.8	Teen Pregnancy Rate (2012-2016) (pregnancies / 1,000 females aged 15-17)	27	15.7	-				-	36.2

*See Appendix B for full list of indicators included in each topic area

Maternal, Fetal & Infant Health is a clear area of concern for Washington County based on performance of all indicators within this topic area. Washington County falls in the poorest performing quartile in comparison to all North Carolina counties across all indicators available within the Maternal, Fetal and Infant Health topic area. The indicator score for babies with low birth rate for Washington County is 2.43 with a value of 11.3% of babies born at a low birth weight

in 2012-2016. This is higher than the rate in both North Carolina (9%) and the United States (8.1%) and there is a significant trend upwards over time. Washington County does not meet the Healthy People 2020 target of 7.8% of babies born at low birth rate. Additionally, babies born with a very low birth weight is 2.2% in Washington County which is also higher than the rate for North Carolina (1.7%) and the U.S. overall (1.4). Washington does not meet the Healthy People 2020 target for babies born with a very low birth rate (1.4%). There is an increase observed over time for the babies born with a low birth weight indicator in Washington County, however this trend is not statistically significant at this point in time.

The percent of preterm births in Washington County is higher than the percentage of preterm births in North Carolina (10.4% and the U.S. (9.8%). Washington County does not meet the Healthy People 2020 target for preterm births (9.4%).

Finally, the teen pregnancy rate in Washington County is 27 pregnancies/1,000 females aged 15-17 which is higher than the teen pregnancy rate in North Carolina overall (15.7 pregnancies/1,000 females aged 15-17). The Washington County teen pregnancy rate meets the Health People 2020 goal (36.2 pregnancies/1,000 females aged 15-17) and there is no evidence of a significant increase or decrease over time.

Primary Data

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected less than 1% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care was not raised as an issue in the community. The lack of discussion in relation to Maternal, fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was tied for fifth as one of the higher ranking service needing improvement in the community (5.7%) and preventing pregnancy/sexually transmitted diseases was selected as the fourth highest ranking health behavior than people in the community need more information about.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Maternal, Fetal & Infant Health topic area indicators. No specific groups were identified in the primary data sources.

Diabetes









Key Issues

- Diabetes highly impacts adults over 20 and the Medicare population
- Age-adjusted death rate due to diabetes is slightly higher in Washington County than other areas of the state, some indication that this may be increasing over time
- More education and outreach about affordable healthy eating and physical activity may benefit the community overall

Secondary Data

Diabetes received an overall data score of 1.97. Indicators are displayed in Table 14 and highlights specific indicators of concern.

Table 14. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Washington County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Diabetes: Medicare Population (2015) (percent)	37.5	28.4	26.5			
2.5	Adults 20+ with Diabetes (2014) (percent)	14.7	11.1	10			
1.83	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	23.3	23	21.1			

**See Appendix B for full list of indicators included in each topic area*

Diabetes amongst adults and older adults is a clear area of concern for Washington County based on the 2 highest scoring indicators within the Diabetes topic area. The indicator score for diabetes amongst the Medicare population is 37.5% in Washington County and is higher than both the North Carolina (28.4%) and the U.S. overall (26.5%) values in 2015. Washington County falls in the bottom quartile in comparison to all North Carolina and U.S. counties for diabetes amongst the Medicare population and there has been an increasing trend, though not significant over time. The indicator score for diabetes amongst adults over 20 years old is 14.7% in Washington County and is higher than both the North Carolina (11.1%) and the U.S. overall (10%) values in 2014. Washington County falls the bottom quartile in comparison to all North Carolina counties and in the bottom quartile in comparison to all U.S. counties for diabetes amongst adults over 20 years old. There is an indication that there is an increasing trend, though not significant over time. The score for age-adjusted death rate due to diabetes for Washington County is 1.83 with a value of 23.3 deaths per 100,000 population occurring in 2012-2016. This is slightly higher than the rate in both North Carolina (23 deaths/100,000 population) and the United States (21.1 deaths/100,000).

There is evidence of an increase in age-adjusted death rate due to diabetes in Washington County over time, though this is not a statistically significant trend at this time.

Primary Data

Community survey respondents rated eating well/nutrition, exercising/fitness, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information which may also impact the adult population living with Diabetes. 16.5% of community survey participants reported being told by a medical professional that they have diabetes and 42.2% had been told that they were overweight or obese.

Diabetes was discussed eleven times during the focus group discussions as an issue the community was facing though it was not discussed in depth. Across all focus group discussions, participants conversed at length about barriers in the community to eating healthy and exercising. Most participants discussed the challenges with finding time for healthy behaviors while working long hours or multiple jobs and financial limitations to eating healthier.

Highly Impacted Populations

The data scoring analysis shows that adults over 20 years old and the Medicare population are highly impacted by Diabetes in the Washington County community. Further breakdown amongst these populations is not offered as the data is not available.

Access to Health Services












Key Issues

- There is a lack of primary care providers in Washington County, may be decreasing over time
- Non-physician primary care providers are also limited in the County though may be increasing over time

Secondary Data

Access to Health Services received a data score of 1.94. This category includes indicators related to provider rates in relation to the population which impacts people's ability to access timely medical services. A number of poorly performing indicators related to the health care access is displayed in Table 15. The highest scoring and of most concern is the primary care provider rate in the county in 2015 which is 24.2 providers per 100,000 population which is much lower than the state and U.S. overall. There is a suggestion of a decreasing trend over time as well, though this is not considered statistically significant at this time.

Table 15. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Washington County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Primary Care Provider Rate (2015) (providers/ 100,000 population)	24.2	70.6	75.5			
2.05	Mental Health Provider Rate (2017) (providers/ 100,000 population)	98.4	215.5	214.3			
2.1	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	32.8	102.5	81.2			
1.95	Dentist Rate (2016) (dentists/ 100,000 population)	24.6	54.7	67.4			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

According to survey results, the number of health providers was the fifth highest ranking service needing improvement in the community and 7% of respondents shared that the community needs more information about going to the doctor for yearly check-ups and screenings. In addition, 7.5% of the community survey population reported having no insurance of any kind.

“Retain local doctors, decrease the turnover rate of health providers which will build relationships between patients and providers.”

-Focus Group Participant

Focus group participants were very clear that accessing health services in the community was a challenge and explicitly stated that it had to do with a lack of physicians in Washington County. One participant shared that they felt that it was easier to access medical service in the eastern part of the county compared to the western side. Participants described additional barriers to accessing health services including financial constraints, lack of education about where to go, not having adequate or any health insurance and difficult with attaining transportation to get to medical facilities. Participants from the migrant farm working community shared challenges with being able to attain medical services due to long work hours and living far from health care facilities without access to transportation. Many participants shared that they had chronic health conditions that they had not received treatment for due to these barriers accessing medical care.

Highly Impacted Populations

Data scoring revealed that the Black or African American Medicare population is disparately affected by preventable hospital stays when compared to other populations. Focus group participants communicated that they believe young children, seniors and the Hispanic/Latino community have the hardest time accessing medical treatment. The migrant farm worker community also faces additional barriers to accessing care due to their work hours, lack of health insurance and proximity to services.

Economy

Key Issues

- The percentage of children and families living below the poverty level is higher than in the state and US
- Washington County does not meet the Healthy North Carolina goal of 12.5% of people living below poverty level
- Employment opportunity and economic development are the primary concerns for community participants

Secondary Data

Economy received a data score of 1.91. This category many indicators related to poverty and education. Some of the poorest performing indicators related to the economy is displayed in Table 16. Of the most concern is children and families living below the poverty level. 42.6% of children in Washington County were living poverty in 2012-2016 which is higher than the state and U.S., and there has been no significant increase or decrease over time. 19.4% of families were living below the poverty level in 2012-2016 and there is some sign that this may increase over time. In addition, 98.8% of students are edible for free lunch in the county.

Table 16. Data Scoring Results for Economy

Score	Indicator (Year) (Units)	Washington County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.45	People Living Below Poverty Level (2012-2016) (percent)	23.6	16.8	15.1				12.5	-
2.4	Children Living Below Poverty Level (2012-2016) (percent)	42.6	23.9	21.2				-	-
2.5	Students Eligible for the Free Lunch Program (2015-2016) (percent)	98.8	52.6	42.6				-	-
2.5	Families Living Below Poverty Level (2012-2016) (percent)	19.4	12.4	11				-	-
2.5	People Living 200% Above Poverty Level (2012-2016) (percent)	47.1	62.3	66.4				-	-

**See Appendix B for full list of indicators included in each topic area*

Primary Data

Community survey participants were asked to rank the issues that negatively impact their community's quality of life. According to the data, both poverty and the economy were the top issues in Washington County that negatively impact quality of life selected by 50.7% of participants. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment ranked first (23.7%) and availability of employment ranked second (9.2%). When asked to expand on services that could be improved, participants mentioned the need for more economic development in the community and lack of economic opportunity. One person commented that people that are struggling financially may not be as visible in the community as in other places, for example seeing those who are homeless living outdoors, but yet unstably housed and staying on peoples couches.

"...lack of good jobs, lack of available jobs. {The} young generation leaves the area and starts new lives and careers elsewhere"

-Focus Group Participant

Focus group discussion echoed the survey respondents feeling about the economy in Washington County. Several participants raised the lack of jobs in the community and low wages as their primary concern. One participant raised concerns about people leaving the community because of the lack of economic opportunity.

Highly Impacted Populations

Data scoring analysis identified several populations that are disparately impacted by the Economy indicators: Black or African American, Hispanic or Latino, Two or More Races and young children/children are particularly vulnerable populations.

Transportation












Key Issues

- Workers do not commute to work via public transportation in the community
- There is a high percentage of households that do not have access to a vehicle

Secondary Data

Transportation received a data score of 1.89. This category is somewhat related to related to topics discussed in the Economy section, such as having access to a car, and addresses public transportation issues as well. Some of the poorest performing indicators related to the economy are displayed in Table 17. 0% of workers reported commuting to work via public transportation in 2012-2016. There is an indication of a great need for addressing this issue in the community since 11.4% of households also do not have access to a vehicle, though there may be geographic challenges in doing to. The Healthy People 2020 goals is 5.5% of workers commuting by public transportation.


Table 17. Data Scoring Results for Transportation

Score	Indicator (Year) (Units)	Washington County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.4	Households without a Vehicle (2012-2016) (percent)	11.4	6.3	9				-	-
2.55	Workers Commuting by Public Transportation (2012-2016) (percent)	0	1.1	5.1				-	5.5
1.95	Households with No Car and Low Access to a Grocery Store (2015) (percent)	7.9	-	-				-	-
2.5	Workers who Walk to Work (2012-2016) (percent)	1.1	1.8	2.8				-	3.1

*See Appendix B for full list of indicators included in each topic area

Primary Data

According to survey results, transportation did not rank as one of the top services individuals in Washington County feel need the most improvement compared to other issues in the community. Less than 1% of participants selected transportation options needing improvement in their neighborhood. Transportation was brought up multiple times in the focus group discussions sharing that they found accessing transportation difficult for completing necessary errands, such as grocery shopping. One participant shared their challenges with living away from businesses and facilities and needing help with transportation services.



"{we need}
transportation
services for people
who live far out like
us."

-Focus Group Participant

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Transportation topic area indicators. No specific groups were identified in the primary data sources.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Washington County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

Washington County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	111	191.6	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	100	185	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	29	47	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Accidental Injuries	27	62.2	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Chronic Lower Respiratory Diseases	26	41.6	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Alzheimer's Disease	23	37.7	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Diabetes	14	Unreliable	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Hypertension	13	Unreliable	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	10	Unreliable	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	-	-	-	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.80 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: Workers who Walk to Work (2.50), Child Food Insecurity Rate (2.40), Food Insecurity Rate (2.40) and Food Environment Index (2.30).

A list of all secondary indicators within this topic area is available in [Appendix B](#).

Primary Data

Among community survey respondents, 48.5% rated their health is good and 25.7% rated their health as very good. However, 42.2% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (47.6%), high cholesterol (35.9%) and diabetes (16.5%). Data from the community survey participants show that 37% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported being too tired (26.8%), not having enough time (24.4.1%) and I don't know (22%). For those individuals that do exercise, 71.4% reported exercising or engaging in physical activity at home while 22.7% do so at the at 'other' locations followed by a public park (9.9%), worksite/employer (9.9%) or public recreation center (9.4%). The 'other' responses varied but many were senior center.

Exercise, nutrition & Weight was discussed in all three focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. Participants shared that they struggled with not being able to afford to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas, they were interested in learning more about in the community survey, weight-loss, nutrition, and diabetes/diabetic food preparation were high frequency responses.

Occupational & Environmental Health

Secondary Data

From the secondary data scoring results, the Occupational & Environmental Health topic had a score of 1.44 and was the 17th highest scoring health and quality of life topic. High scoring related indicators include: Age-Adjusted Hospitalization Rate due to Asthma (1.85).

A list of all secondary indicators within this topic area is available in [Appendix B](#).

Primary Data

Pollution was the third highest ranking issue affecting quality of life in the community, with 7% of participants selecting this topic. This topic with brought up 30 times in the Focus Group discussions as a top concern. Participants expressed extreme concerns with the quality of the drinking water and exposure to chemicals from local industry. In particular, the water supply and

exposure to chemicals, as well as needing access to improved sanitation in their living environment, was a primary concern within the migrant farm working community.

Social Environment

Secondary Data

From the secondary data scoring results, the Social Environment topic had a score of 1.84 and was the 8th highest scoring health and quality of life topic. High scoring related indicators include: Female Population in the Civilian Labor Force (2.50), Median Household Income (2.50), People 25+ with a Bachelor's Degree or Higher (2.50), Single Parent Households (2.50), People Living Below Poverty Level (2.45), Children Living Below Poverty Level (2.40), People 65+ Living Alone (2.40), Young Children living Below Poverty Level (2.40).

A list of all secondary indicators within this topic area is available in [Appendix B](#).

Primary Data

Among community survey respondents, better or more recreational facilities was the third ranked services needing improvement in the community. This suggests that there is a desire for more spaces where people can gather and socialize with either their immediate friends and family or the greater community. Positive teen activities and healthy family activities were the sixth and seventh top ranked services needing improvement. Focus group participants also raised the need for more recreational facilities suggesting more fitness facilities such as a community pool or YMCA. Over 70% of survey participants disagreed or strongly disagreed that there are good parks and recreational facilities in the community. 7% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and almost 40% disagreed or strongly disagreed that there is help for people during times of need in the county.

Substance Abuse

Secondary Data

From the secondary data scoring results, the Substance Abuse topic had a score of 1.39 and was the 19th highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.25).

A list of all secondary indicators within this topic area is available in [Appendix B](#).

Primary Data

Community survey participants' ranked substance abuse (28.2%) as the second most important issue affecting quality of life in Washington County. Additionally, 18.9% of community survey respondents reported wanting to learn more about substance abuse prevention.

12.7% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 23.8% reported that they don't know where they would go if they wanted to quit and 23.8% indicated that they were not interested in quitting. 47.4% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 39.6% were exposed in 'other' locations and 30.8% were exposed in the home. Reported illicit drug use amongst survey participants in the past 30-days was low, 95.5% reported no illegal drug use and 97.3.8% reported no use of prescription

drugs they did not have a prescription for. Of those who reported any illegal drug use (<5%) in the past 30 days, 83.3% reported marijuana use and 16.7% reported ‘other’.

Focus group discussion did raise substance abuse thirteen times in the context of sharing that it was an issue in the community. Most participants indicated that smoking, alcohol or drug use in general were top problems.

A Closer Look at Highly Impacted Populations

Subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Washington County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Median Household Income	Black or African American
People Living Below Poverty Level	6-11, <6, Black or African American
People 25+ with a High School Degree or Higher	65+, Hispanic or Latino
Per Capita Income	Hispanic or Latino, Two or More Races
Preventable Hospital Stays: Medicare Population	Black

*See HealthENC.org for indicator values for population subgroups

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27970, with an index value of 92.4, has the highest socioeconomic need within Washington County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Washington County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Washington County. The assessment was further informed with input from Washington County residents through a community survey

and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Maternal, Fetal & Infant Health, Diabetes, Access to Health Services, Economy, Transportation, Exercise, Nutrition & Weight, Occupational & Environmental Health, Substance Abuse and Social Environment. The prioritization process identified five (5) focus areas:

- *Injury Prevention (Substance Misuse)*
- *Physical Activity/Nutrition (Funding for Recreation Center, Farmers' Markets)*
- *Healthy Living (Oral Health)*
- *Mental Health (Substance Use/Abuse)*
- *Environmental Health/Economy (water quality, drainage for flooding, spray for insects)*

Following this process, Washington County will outline how it plans to address these health needs in its implementation plan. Washington County does have a hospital but the hospital was shut down at the time this document was written.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Billie Patrick at billie.patrick@mtwdh.org.

Appendix A: Impact Since Prior CHNA Example: Diabetes

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Continue the 8 Weeks to Healthy Living program and look for ways to increase participation and completion of this program through faith-based and other community partnerships.	Yes	Seven Programs were held during FY16. 152 participants enrolled, 74% completed the program, total pounds loss of everyone involved was 830, total pounds lost those who completed program was 754.6, decreases in BMI of those who attend final screening was 92% normal versus 69% normal at the beginning of the program. Five programs were held during FY17. 82 participants enrolled, 61 participants completed the program, 74% completed the program, 214.5 total pounds lost by everyone enrolled, 197.6 total pounds lost by those who completed the program. 57% decrease in BMI of those who attended final screening.
	Continue its partnership with the YMCA to provide prevention and maintenance education on diabetes.	Yes	During FY16, Hospital X provided community health programming in three Healthy Living Center Locations in partnership with the YMCA. These centers provided health screenings, follow-up coaching and information related to diabetes prevention and/or maintenance to 129 people.
	Provide free BMI and blood glucose screenings at community health fairs and offer follow-up resources for those who are found to be high-risk for developing diabetes. Provide health literature on diabetes prevention and maintenance at all health screenings	Yes	Hospital X participated in 41 health fairs during FY16. 1,799 people received a health screening (blood pressure, BMI and/or blood glucose) and 621 people were identified with abnormal results. Hospital X participated in over 29 health fairs and community events during FY17 at which health screenings were provided. 1,199 people received a health screening (blood pressure, BMI and/or blood glucose) and 451 people were identified with abnormal results. Those with abnormal results received a follow-up call from a Social Responsibility staff member who connected them to a primary care clinic if they had not already done so themselves.
	Provide care coordination services for pre-diabetic and diabetic patients in Primary Care offices. Care coordinators work with	Yes	Over 22 nurse care coordinators are embedded in primary care offices with high numbers of chronic complex patients and frequent utilizers of acute care services. In addition, centralized care coordinators are focused on managing medically complex patients discharged from Hospital X as well as high-risk individuals within the populations we serve through shared

	<p>patients to educate them on prevention and disease management as well as directing patients to appropriate community resources for additional support.</p>		<p>savings contracts, including the Hospital Employee Health Plan. This model also supports primary care offices with lower numbers of chronic complex patients who could benefit from care coordination services.</p> <p>There was a total of 1,255 people in Care Coordination for Diabetes:</p> <ul style="list-style-type: none"> • Average A1c levels dropped a rate of -.31 • Average Blood Pressure Diastolic levels went up a rate of 1.7 • Average Blood Pressure Systolic levels dropped a rate of -.74 • Average BMI levels dropped a rate of -.07 <p>There was a total of 67 people in Care Coordination for Prediabetes.</p> <ul style="list-style-type: none"> • Average A1c levels went up a rate of .05 • Average Blood Pressure Diastolic levels dropped a rate of -1.41 • Average Blood Pressure Systolic levels dropped a rate of -1.6 • Average BMI levels went up a rate of .126
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Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Washington County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

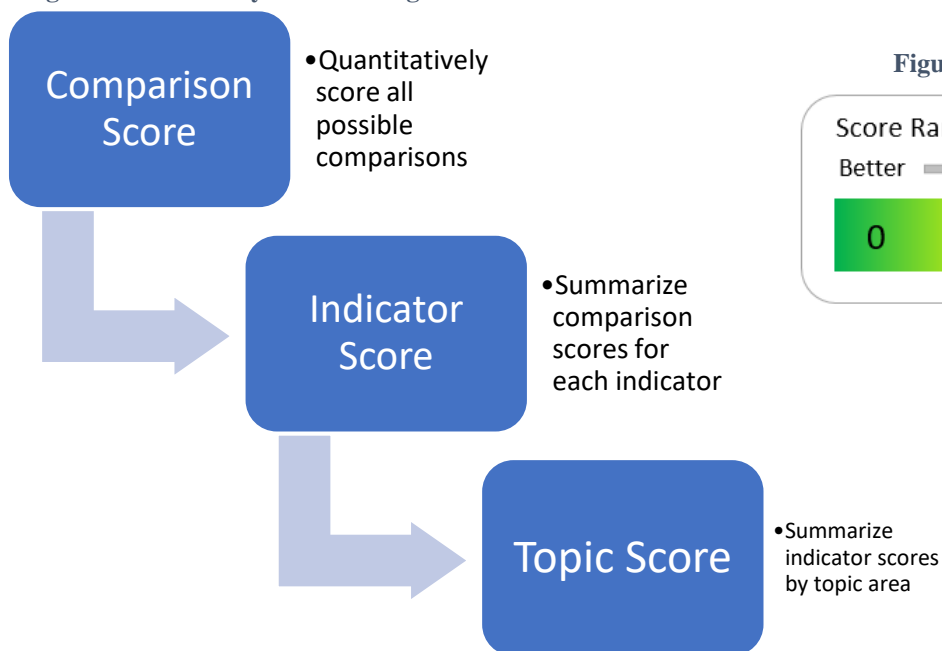
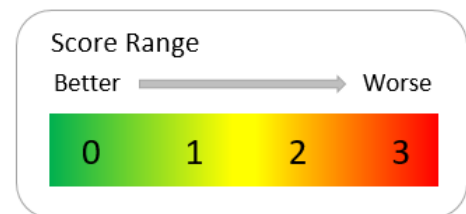


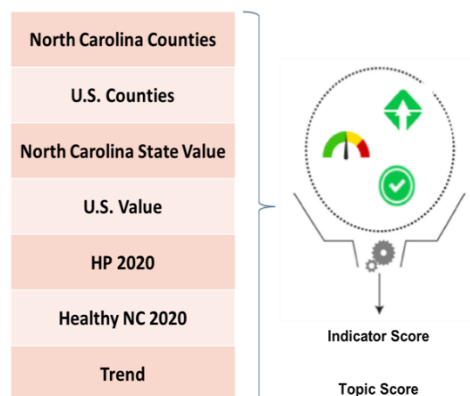
Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Washington County. The possible comparisons are shown in Figure 48 and include a comparison of Washington County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties
For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Washington County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

Figure 49. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Washington County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Washington County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Washington County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Washington County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we can determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Washington County, with higher scores indicating a higher need.

Table 20. Topic Scores for Washington County

Health and Quality of Life Topics	Score
Maternal, Fetal & Infant Health	2.20
Wellness & Lifestyle	1.98
Diabetes	1.97
Access to Health Services	1.94
Economy	1.91
Education	1.89
Transportation	1.89
Social Environment	1.84
Exercise, Nutrition, & Weight	1.80
Cancer	1.63
County Health Rankings	1.63
Prevention & Safety	1.63
Environment	1.58
Women's Health	1.55
Mental Health & Mental Disorders	1.53
Immunizations & Infectious Diseases	1.48
Environmental & Occupational Health	1.44
Respiratory Diseases	1.41
Substance Abuse	1.39
Mortality Data	1.38
Older Adults & Aging	1.38
Heart Disease & Stroke	1.30
Public Safety	1.18
Other Chronic Diseases	1.15

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Washington County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Primary Care Provider Rate	2015	providers/ 100,000 population	24.2	70.6	75.5				3
2.10	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	32.8	102.5	81.2				3
2.05	Mental Health Provider Rate	2017	providers/ 100,000 population	98.4	215.5	214.3				3
1.95	Dentist Rate	2016	dentists/ 100,000 population	24.6	54.7	67.4				3
1.80	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	61.1	49.0	49.9			Black	17
1.73	Clinical Care Ranking	2018	ranking	78						3
1.48	Persons with Health Insurance	2016	percent	87.3	87.8		100.0	92.0		16

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	54.5	37.7	39.8	39.9			6
2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	150.9	125.0	114.8				6
1.90	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	457.2	457.0	443.6				6
1.60	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	124.1	129.4	123.5				6
1.55	Mammography Screening: Medicare Population	2014	percent	63.2	67.9	63.1				17
1.50	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.4	172.0	166.1	161.4			6
1.35	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	67.2	70.0	61.2				6
1.25	Cancer: Medicare Population	2015	percent	7.3	7.7	7.8				2
1.20	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	18.8	20.1	20.5				6
1.10	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.0	50.7	44.7	45.5			6

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Child Food Insecurity Rate	2016	percent	27.4	20.9	17.9				4
1.80	Children with Low Access to a Grocery Store	2015	percent	6.3						20

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Clinical Care Ranking	2018	ranking	78						3
1.73	Morbidity Ranking	2018	ranking	86						3
1.73	Social and Economic Factors Ranking	2018	ranking	89						3
1.58	Health Behaviors Ranking	2018	ranking	60						3
1.58	Mortality Ranking	2018	ranking	52						3
1.43	Physical Environment Ranking	2018	ranking	42						3

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Adults 20+ with Diabetes	2014	percent	14.7	11.1	10.0				3
2.50	Diabetes: Medicare Population	2015	percent	37.5	28.4	26.5				2
1.83	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	23.3	23.0	21.1				15
1.05	Diabetic Monitoring: Medicare Population	2014	percent	89.5	88.8	85.2				17

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	12.2	5.0	5.4				1
1.28	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	26.6	29.0	27.6				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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2.70	Households with Supplemental Security Income	2012-2016	percent	12.2	5.0	5.4		1
2.50	Families Living Below Poverty Level	2012-2016	percent	19.4	12.4	11.0		1
2.50	Female Population 16+ in Civilian Labor Force	2012-2016	percent	45.1	57.4	58.3		1
2.50	Median Household Income	2012-2016	dollars	33286	48256	55322	Black or African American	1
2.50	People Living 200% Above Poverty Level	2012-2016	percent	47.1	62.3	66.4		1
2.50	Students Eligible for the Free Lunch Program	2015-2016	percent	98.8	52.6	42.6		7
2.45	People Living Below Poverty Level	2012-2016	percent	23.6	16.8	15.1	12.5	6-11, <6, Black or African American
2.40	Child Food Insecurity Rate	2016	percent	27.4	20.9	17.9		4
2.40	Children Living Below Poverty Level	2012-2016	percent	42.6	23.9	21.2		1
2.40	Food Insecurity Rate	2016	percent	22.5	15.4	12.9		4
2.40	Young Children Living Below Poverty Level	2012-2016	percent	54.7	27.3	23.6		1
2.30	Population 16+ in Civilian Labor Force	2012-2016	percent	52.5	61.5	63.1		1
2.28	Median Housing Unit Value	2012-2016	dollars	82400	157100	184700		1
2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	5.7	3.7	3.7		18
2.05	Homeownership	2012-2016	percent	52.6	55.5	55.9		1
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	12.9				20
1.95	Per Capita Income	2012-2016	dollars	20423	26779	29829	Hispanic or Latino, Two or More Races	1
1.80	People 65+ Living Below Poverty Level	2012-2016	percent	10.6	9.7	9.3		1
1.73	Social and Economic Factors Ranking	2018	ranking	89				3
1.70	Severe Housing Problems	2010-2014	percent	17.8	16.6	18.8		3
1.28	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	26.6	29.0	27.6		1
1.20	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	44.2	49.4	47.3	36.1	1
1.18	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	373	376	462		1
1.08	Median Household Gross Rent	2012-2016	dollars	679	816	949		1
1.05	Total Employment Change	2014-2015	percent	3.4	3.1	2.5		19

0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						20
0.85	Households with Cash Public Assistance Income	2012-2016	percent	1.6	1.9	2.7				1
0.73	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	977	1243	1491				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	9.7	29.0	30.3				1
2.10	High School Graduation	2016-2017	percent	80.4	86.5		87.0	94.6		12
2.00	People 25+ with a High School Degree or Higher	2012-2016	percent	79.3	86.3	87.0			65+, Hispanic or Latino	1
1.85	4th Grade Students Proficient in Reading	2016-2017	percent	44.5	57.7					12
1.85	8th Grade Students Proficient in Math	2016-2017	percent	30.6	45.8					12
1.85	8th Grade Students Proficient in Reading	2016-2017	percent	45.0	53.7					12
1.65	4th Grade Students Proficient in Math	2016-2017	percent	42.9	58.6					12
1.30	Student-to-Teacher Ratio	2015-2016	students/ teacher	14.8	15.6	17.7				7

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Food Environment Index	2018		5.5	6.4	7.7				3
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.9						20
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	12.9						20
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	4.6						20
1.90	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.00						20
1.80	Children with Low Access to a Grocery Store	2015	percent	6.3						20
1.80	Liquor Store Density	2015	stores/ 100,000 population	8.1	5.8	10.5				19
1.70	Severe Housing Problems	2010-2014	percent	17.8	16.6	18.8				3
1.60	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.6						20

1.50	Access to Exercise Opportunities	2018	percent	75.8	76.1	83.1				3
1.43	Physical Environment Ranking	2018	ranking	42						3
1.28	Drinking Water Violations	FY 2013-14	percent	2.7	4.0			5.0		3
1.20	Houses Built Prior to 1950	2012-2016	percent	11.7	9.1	18.2				1
1.05	Farmers Market Density	2016	markets/ 1,000 population	0.08						20
0.95	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						20

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	151.2	90.9					9
1.43	Physical Environment Ranking	2018	ranking	42						3
1.05	Asthma: Medicare Population	2015	percent	7.0	8.4	8.2				2

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Workers who Walk to Work	2012-2016	percent	1.1	1.8	2.8	3.1			1
2.40	Child Food Insecurity Rate	2016	percent	27.4	20.9	17.9				4
2.40	Food Insecurity Rate	2016	percent	22.5	15.4	12.9				4
2.30	Food Environment Index	2018		5.5	6.4	7.7				3
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.9						20
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	12.9						20
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	4.6						20
1.90	Adults 20+ who are Obese	2014	percent	32.2	29.6	28.0	30.5			3
1.90	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.00						20
1.85	Adults 20+ who are Sedentary	2014	percent	29.1	24.3	23.0	32.6			3
1.80	Children with Low Access to a Grocery Store	2015	percent	6.3						20
1.60	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.6						20
1.58	Health Behaviors Ranking	2018	ranking	60						3

1.50	Access to Exercise Opportunities	2018	percent	75.8	76.1	83.1				3
1.05	Farmers Market Density	2016	markets/ 1,000 population	0.08						20
0.95	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						20

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	27.0	15.7		36.2			15

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Voter Turnout: Presidential Election	2016	percent	69.0	67.7					13

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	205.4	161.3			161.5		15
1.75	Hypertension: Medicare Population	2015	percent	59.6	58.0	55.0				2
1.70	Hyperlipidemia: Medicare Population	2015	percent	47.5	46.3	44.6				2
1.45	Heart Failure: Medicare Population	2015	percent	12.6	12.5	13.5				2
1.33	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	38.3	43.1	36.9	34.8			15
0.85	Ischemic Heart Disease: Medicare Population	2015	percent	22.4	24.0	26.5				2
0.85	Stroke: Medicare Population	2015	percent	3.4	3.9	4.0				2
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.5	7.7	8.1				2

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	7.9	2.0	3.0	1.0			10
2.28	Chlamydia Incidence Rate	2016	cases/ 100,000 population	688.8	572.4	497.3				10
1.90	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	19.0	16.1			22.2		10

1.60	Syphilis Incidence Rate	2016	cases/ 100,000 population	8.1	10.8	8.7			8
1.03	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	131.2	194.4	145.8			10
0.95	AIDS Diagnosis Rate	2016	cases/ 100,000 population	0.0	7.0				10
0.88	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	14.8	17.8	14.8		13.5	15
0.73	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.6	2.2	2.0	3.3		15

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Low Birth Weight	2012-2016	percent	11.3	9.0	8.1	7.8			14
2.33	Preterm Births	2016	percent	14.3	10.4	9.8	9.4			14
2.23	Babies with Very Low Birth Weight	2012-2016	percent	2.2	1.7	1.4	1.4			14
1.80	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	27.0	15.7		36.2			15

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	150.9	125.0	114.8				6
1.75	Life Expectancy for Males	2014	years	73.7	75.4	76.7		79.5		5

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Poor Mental Health: Average Number of Days	2016	days	4.5	3.9	3.8		2.8		3
2.10	Frequent Mental Distress	2016	percent	14.4	12.3	15.0				3
2.05	Mental Health Provider Rate	2017	providers/ 100,000 population	98.4	215.5	214.3				3
1.83	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.8	31.9	26.6				15
0.85	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.1	9.8	9.9				2
0.70	Depression: Medicare Population	2015	percent	9.4	17.5	16.7				2
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	6.6	12.9	13.0	10.2	8.3		15

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Premature Death	2014-2016	years/ 100,000 population	8199.9	7281.1	6658.1				3
1.83	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.8	31.9	26.6				15
1.83	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	23.3	23.0	21.1				15
1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	205.4	161.3			161.5		15
1.65	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.7	14.1					15
1.58	Mortality Ranking	2018	ranking	52						3
1.53	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	32.8	31.9	41.4	36.4			15
1.50	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	169.4	172.0	166.1	161.4			6
1.33	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	38.3	43.1	36.9	34.8			15
1.23	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.1	6.2	5.5	5.5	6.7		15
1.10	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.0	50.7	44.7	45.5			6
0.88	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	14.8	17.8	14.8		13.5		15
0.85	Alcohol-Impaired Driving Deaths	2012-2016	percent	11.1	31.4	29.3		4.7		3
0.73	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.6	2.2	2.0	3.3			15
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	6.6	12.9	13.0	10.2	8.3		15

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Diabetes: Medicare Population	2015	percent	37.5	28.4	26.5				2
2.40	People 65+ Living Alone	2012-2016	percent	29.8	26.8	26.4				1
2.25	Chronic Kidney Disease: Medicare Population	2015	percent	19.6	19.0	18.1				2
1.95	People 65+ with Low Access to a Grocery Store	2015	percent	4.6						20
1.83	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.8	31.9	26.6				15

1.80	People 65+ Living Below Poverty Level	2012-2016	percent	10.6	9.7	9.3	1
1.75	Hypertension: Medicare Population	2015	percent	59.6	58.0	55.0	2
1.70	Hyperlipidemia: Medicare Population	2015	percent	47.5	46.3	44.6	2
1.55	Mammography Screening: Medicare Population	2014	percent	63.2	67.9	63.1	17
1.45	Heart Failure: Medicare Population	2015	percent	12.6	12.5	13.5	2
1.25	Cancer: Medicare Population	2015	percent	7.3	7.7	7.8	2
1.20	COPD: Medicare Population	2015	percent	10.1	11.9	11.2	2
1.05	Asthma: Medicare Population	2015	percent	7.0	8.4	8.2	2
1.05	Diabetic Monitoring: Medicare Population	2014	percent	89.5	88.8	85.2	17
0.85	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.1	9.8	9.9	2
0.85	Ischemic Heart Disease: Medicare Population	2015	percent	22.4	24.0	26.5	2
0.85	Stroke: Medicare Population	2015	percent	3.4	3.9	4.0	2
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.5	7.7	8.1	2
0.70	Depression: Medicare Population	2015	percent	9.4	17.5	16.7	2
0.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	23.6	29.1	30.0	2
0.50	Osteoporosis: Medicare Population	2015	percent	3.4	5.4	6.0	2

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Dentist Rate	2016	dentists/ 100,000 population	24.6	54.7	67.4				3

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Chronic Kidney Disease: Medicare Population	2015	percent	19.6	19.0	18.1				2
0.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	23.6	29.1	30.0				2
0.50	Osteoporosis: Medicare Population	2015	percent	3.4	5.4	6.0				2

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.70	Severe Housing Problems	2010-2014	percent	17.8	16.6	18.8				3
1.65	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.7	14.1					15
1.53	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	32.8	31.9	41.4	36.4			15

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.65	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.7	14.1					15
1.23	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.1	6.2	5.5	5.5	6.7		15
1.13	Violent Crime Rate	2014	crimes/ 100,000 population	269.8	333.0	361.6				11
1.05	Property Crime Rate	2016	crimes/ 100,000 population	0.0	2779.7					11
0.85	Alcohol-Impaired Driving Deaths	2012-2016	percent	11.1	31.4	29.3		4.7		3

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	7.9	2.0	3.0	1.0			10
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	151.2	90.9					9
1.35	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	67.2	70.0	61.2				6
1.20	COPD: Medicare Population	2015	percent	10.1	11.9	11.2				2
1.10	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.0	50.7	44.7	45.5			6
1.05	Asthma: Medicare Population	2015	percent	7.0	8.4	8.2				2
0.88	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	14.8	17.8	14.8		13.5		15

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Female Population 16+ in Civilian Labor Force	2012-2016	percent	45.1	57.4	58.3				1

2.50	Median Household Income	2012-2016	dollars	33286	48256	55322		Black or African American	1
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	9.7	29.0	30.3			1
2.50	Single-Parent Households	2012-2016	percent	62.0	35.7	33.6			1
2.45	People Living Below Poverty Level	2012-2016	percent	23.6	16.8	15.1	12.5	6-11, <6, Black or African American	1
2.40	Children Living Below Poverty Level	2012-2016	percent	42.6	23.9	21.2			1
2.40	People 65+ Living Alone	2012-2016	percent	29.8	26.8	26.4			1
2.40	Young Children Living Below Poverty Level	2012-2016	percent	54.7	27.3	23.6			1
2.30	Population 16+ in Civilian Labor Force	2012-2016	percent	52.5	61.5	63.1			1
2.28	Median Housing Unit Value	2012-2016	dollars	82400	157100	184700			1
2.05	Homeownership	2012-2016	percent	52.6	55.5	55.9			1
2.00	People 25+ with a High School Degree or Higher	2012-2016	percent	79.3	86.3	87.0		65+, Hispanic or Latino	1
1.95	Per Capita Income	2012-2016	dollars	20423	26779	29829		Hispanic or Latino, Two or More Races	1
1.73	Social and Economic Factors Ranking	2018	ranking	89					3
1.65	Mean Travel Time to Work	2012-2016	minutes	25.0	24.1	26.1			1
1.48	Persons with Health Insurance	2016	percent	87.3	87.8		100.0	92.0	16
1.35	Voter Turnout: Presidential Election	2016	percent	69.0	67.7				13
1.18	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	373	376	462			1
1.15	Linguistic Isolation	2012-2016	percent	1.1	2.5	4.5			1
1.08	Median Household Gross Rent	2012-2016	dollars	679	816	949			1
1.05	Total Employment Change	2014-2015	percent	3.4	3.1	2.5			19
0.73	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	977	1243	1491			1
0.70	Social Associations	2015	membership associations/ 10,000 population	21.0	11.5	9.3			3

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Adults who Smoke	2016	percent	19.3	17.9	17.0	12.0	13.0		3
1.80	Liquor Store Density	2015	stores/ 100,000 population	8.1	5.8	10.5				19

1.58	Health Behaviors Ranking	2018	ranking	60						3
0.85	Alcohol-Impaired Driving Deaths	2012-2016	percent	11.1	31.4	29.3		4.7		3
0.45	Adults who Drink Excessively	2016	percent	12.5	16.7	18.0	25.4			3

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	27.0	15.7		36.2			15

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Workers Commuting by Public Transportation	2012-2016	percent	0.0	1.1	5.1	5.5			1
2.50	Workers who Walk to Work	2012-2016	percent	1.1	1.8	2.8	3.1			1
2.40	Households without a Vehicle	2012-2016	percent	11.4	6.3	9.0				1
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.9						20
1.65	Mean Travel Time to Work	2012-2016	minutes	25.0	24.1	26.1				1
1.10	Workers who Drive Alone to Work	2012-2016	percent	79.0	81.1	76.4				1
1.05	Solo Drivers with a Long Commute	2012-2016	percent	29.8	31.3	34.7				3

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	24.2	17.6	16.0		9.9		3
2.40	Poor Physical Health: Average Number of Days	2016	days	4.4	3.6	3.7				3
2.10	Frequent Physical Distress	2016	percent	14.1	11.3	15.0				3
1.80	Insufficient Sleep	2016	percent	35.6	33.8	38.0				3
1.75	Life Expectancy for Males	2014	years	73.7	75.4	76.7		79.5		5
1.73	Morbidity Ranking	2018	ranking	86						3
1.50	Life Expectancy for Females	2014	years	79.9	80.2	81.5		79.5		5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	WASHINGTON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.60	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	124.1	129.4	123.5				6
1.55	Mammography Screening: Medicare Population	2014	percent	63.2	67.9	63.1				17
1.50	Life Expectancy for Females	2014	years	79.9	80.2	81.5		79.5		5

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Medicare & Medicaid Services
3	County Health Rankings
4	Feeding America
5	Institute for Health Metrics and Evaluation
6	National Cancer Institute
7	National Center for Education Statistics
8	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
9	North Carolina Department of Health and Human Services
10	North Carolina Department of Health and Human Services, Communicable Disease Branch
11	North Carolina Department of Justice
12	North Carolina Department of Public Instruction
13	North Carolina State Board of Elections
14	North Carolina State Center for Health Statistics
15	North Carolina State Center for Health Statistics, Vital Statistics
16	Small Area Health Insurance Estimates
17	The Dartmouth Atlas of Health Care
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Department of Agriculture - Food Environment Atlas

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

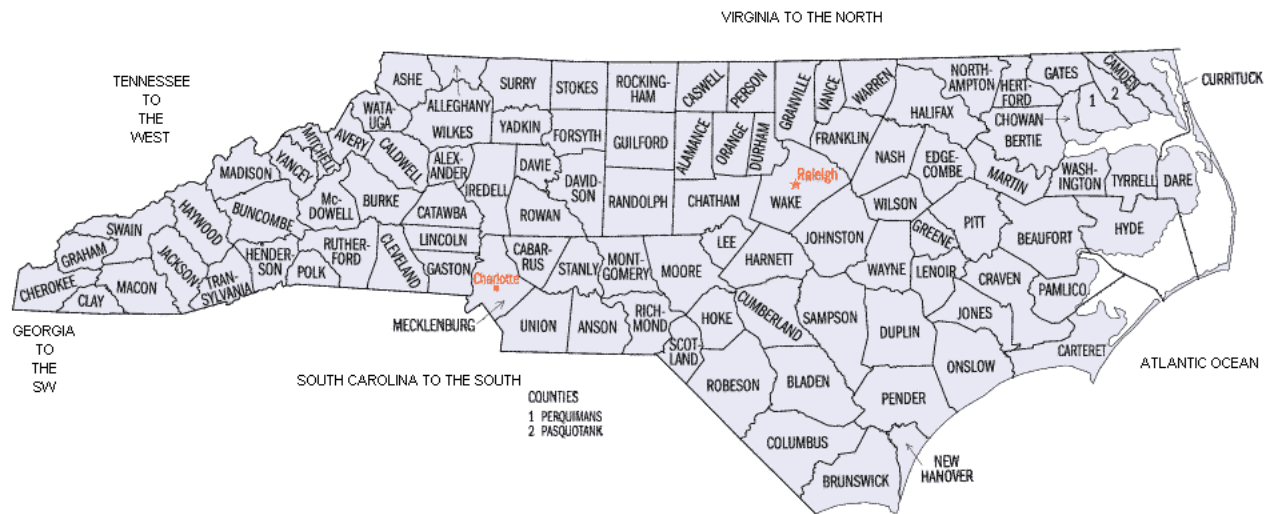
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Drugs (Substance Abuse) | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Neglect and abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse | |
| | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Hopelessness | | |
| <input type="checkbox"/> Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Counseling/ mental health/ support groups | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> More affordable/better housing | | <input type="checkbox"/> None |

☐ Other (please specify)

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress
management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger
management |
| <input type="checkbox"/> Going to the
doctor for yearly check-
ups and screenings | <input type="checkbox"/> Child care/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual
abuse prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |

☐ Other (please specify)

7. Where do you get most of your health-related information? (*Please choose only one.*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |
| <input type="checkbox"/> Other (please specify) | | |

8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence?
(Choose only one.)

☐ Yes

☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)

☐ Yes

☐ No (if No, skip to question #12)

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure check | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Skin cancer screening | |

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don't know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (Choose only one.)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don't know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? (Check all that apply.)

- ☐ Marijuana
- ☐ Cocaine
- ☐ Heroin
- ☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)

- | | | | | | | | |
|--|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> Don't know / not sure | | | | | | | |

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

☐

Yes

☐

No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #26)*

☐

Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| | <input type="checkbox"/> I don't know |

☐ Other (please specify)

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)

☐

Yes

☐

No (*if No, skip to question #30*)

☐

Don't know/not sure (*if Don't know/not sure, skip to question #30*)

29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? (Choose only one).

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> Other (please specify) | |

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)

- ☐ Yes, flu shot
- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don' t know/not sure

Part 5: Access to Care/Family Health

33. Where do you go most often when you are sick? (*Choose only one.*)

- | | |
|---|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | |

34. Do you have any of the following types of health insurance or health care coverage? (*Choose all that apply.*)

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #38)*
- ☐ Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Eye care/
optometrist/
ophthalmologist | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |

☐ Other (please specify)

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

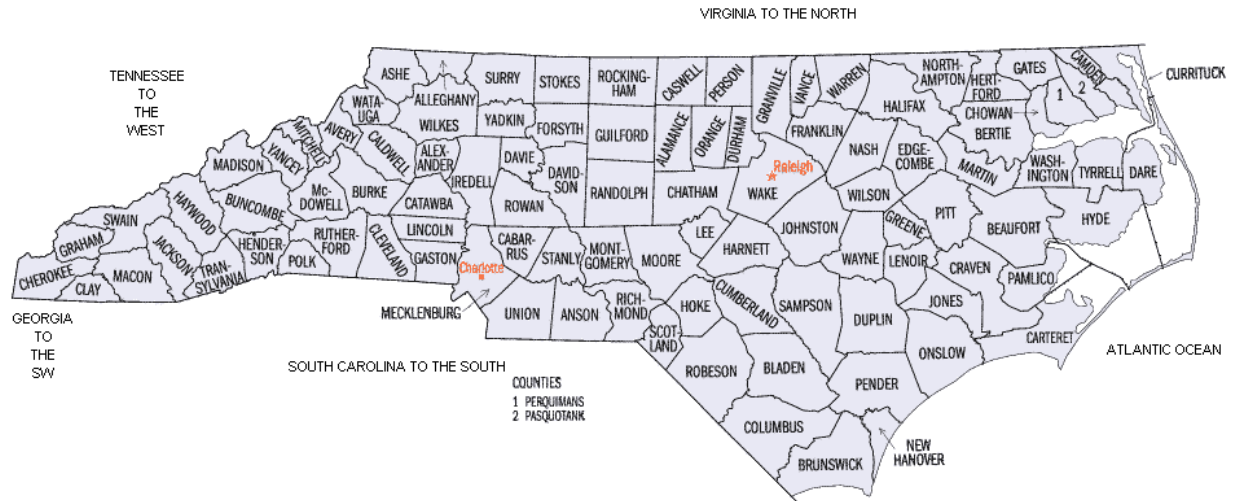
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (*Choose only one.*)

- | | | | |
|---|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | <input type="checkbox"/> Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | <input type="checkbox"/> Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> The State of |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Perquimans | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Other (please specify) | | | |

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (Choose only one.)

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |

☐ Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one.)

☐ Yes *(if Yes, skip to question #46)*

☐ No

☐ Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and inability to get out

☐ Concern about leaving property behind

☐ Health problems (could not be moved)

☐ Concern about personal safety

☐ Concern about family safety

☐ Don't know/not sure

☐ Other (please specify)

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? (Choose only one.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

47. What is your gender? (Choose only one.)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? (Choose only one).

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (Choose only one.)

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (Choose only one.)

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

☐ Other (please specify)

52. Select the highest level of education you have achieved. (Choose only one.)

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

53. What was your total household income last year, before taxes? (Choose only one.)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (Check all that apply.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1
year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

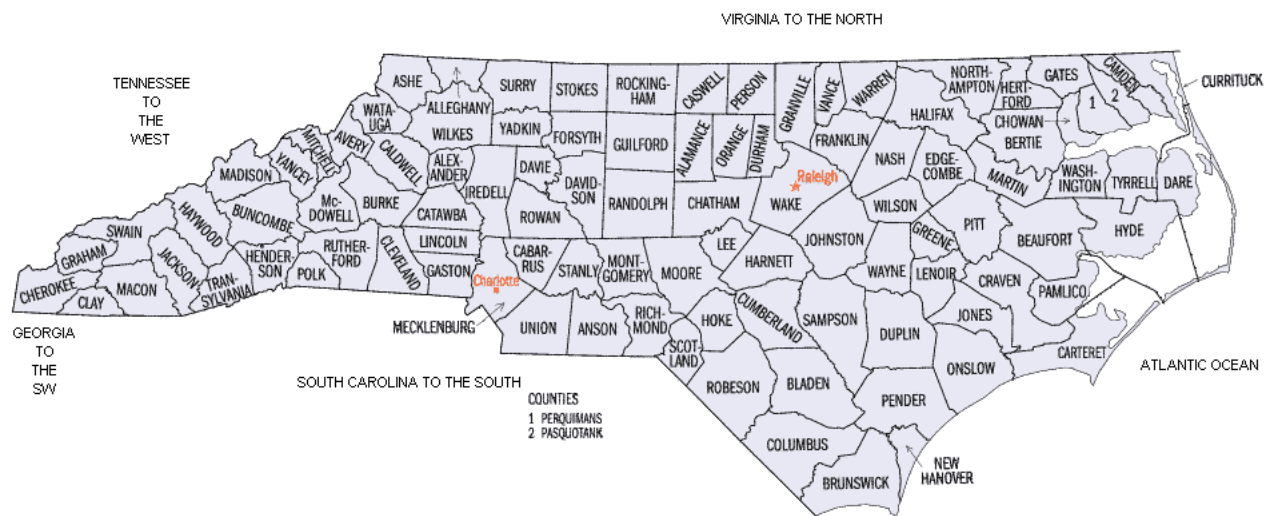
3. ¿Dónde vive actualmente?

Código postal

4. En qué condado vive?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a
personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para |
| cuidado infantil | médica | adolescentes |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Opciones de |
| cuidado para ancianos | apropiados de acuerdo a | transporte |
| <input type="checkbox"/> Servicios para | su cultura | <input type="checkbox"/> Disponibilidad de |
| personas con | <input type="checkbox"/> Consejería / salud | empleo |
| discapacidad | mental / grupos de apoyo | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Mejores y más | pagados |
| más accesibles | instalaciones recreativas | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | (parques, senderos, | carreteras |
| opciones de alimentos | centros comunitarios) | <input type="checkbox"/> Carreteras seguras |
| saludables | <input type="checkbox"/> Actividades | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | familiares saludables | |
| mejores vivienda | | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

- | | | |
|--|--|--|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> transmisión sexual (sexo
seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y
alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista
para chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para
una emergencia /
desastre | <input type="checkbox"/> Prevención del
embarazo y
enfermedades de | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| | | <input type="checkbox"/> Ninguna |

☐ Otros (especificar)

--

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Doctor / | hijo | de ayuda |
| enfermera | <input type="checkbox"/> Hospital | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Departamento de | |
| <input type="checkbox"/> Iglesia | salud | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Empleador | |
| <input type="checkbox"/> Otros (especificar) | | |

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

- ☐ Sí
- ☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?
(*Seleccione todas las opciones que corresponden*).

- | | | |
|--|--|--|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | imprudente / exceso de |
| alimentación | <input type="checkbox"/> ETS | velocidad |
| <input type="checkbox"/> Ejercicios | (enfermedades de | <input type="checkbox"/> Problemas de |
| <input type="checkbox"/> Manejo del asma | transmisión sexual) | salud mental |
| | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... (Elija solo una).

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses?
(Seleccione todas las opciones que corresponden).

- | | | |
|--|--|---|
| <input type="checkbox"/> Mamografía | <input type="checkbox"/> Prueba de | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer | densidad de los huesos | <input type="checkbox"/> Evaluación |
| de próstata | <input type="checkbox"/> Examen físico | cardiovascular (el |
| <input type="checkbox"/> Examen de colon / | <input type="checkbox"/> Prueba de | corazón) |
| recto | Papanicolaou | <input type="checkbox"/> Limpieza dental / |
| <input type="checkbox"/> Control de azúcar | <input type="checkbox"/> Vacuna contra la | radiografías |
| en la sangre | gripe | <input type="checkbox"/> Ninguna de las |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Control de la | anteriores |
| Colesterol | presión arterial | |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Pruebas de cáncer | |
| audición (escucha) | de piel | |

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (*Marque todas las que corresponden*).

<input type="checkbox"/>	Mariguana
<input type="checkbox"/>	Cocaína

- ☐ Heroína
- ☐ Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- ☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 23)*

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

- ☐ Sí
- ☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

☐

Sí

☐

No *(Si su respuesta es No, salte a la pregunta numero 26)*

☐

No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)*

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- | | |
|--|--|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio. |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> No me gusta hacer ejercicio |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |

☐ Necesito transporte y no lo tengo.

☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer

☐ No lo sé.

ejercicio.

☐ Otros (especificar)

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (*Una manzana o 12 zanahorias pequeñas equivalen a una taza*).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (*Elija solo una*).

☐

Sí

☐

No (*Si su respuesta es No, salte a la pregunta numero 30*)

☐

No sé / no estoy seguro (*Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30*)

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (*Marque solo uno*)

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

☐

Sí

☐

No *(Si su respuesta es No, salte a la pregunta numero 32)*

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist"? (Elija solo una).

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

☐

Si ambos

☐

No

☐

No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | |

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 38)*
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> urgente |
| <input type="checkbox"/> Cuidado de los ojos /
optometrista / oftalmólogo | <input type="checkbox"/> Departamento
de salud | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Farmacia / recetas | <input type="checkbox"/> Hospital | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Otros (especificar) | | |

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba
- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.

- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
Cumberland	<input type="checkbox"/> Hyde	Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> El Estado de
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	Perquimans	Virginia
<input type="checkbox"/> Otros (especificar)			

2018 Washington County Community Health Needs Assessment



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (*Elija solo uno*)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (*Elija solo uno*)

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar) | |

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |

☐ Otros (especificar)

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían?
(Elija solo uno)

☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐ No

☐ No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

- | | |
|---|--|
| <input type="checkbox"/> Falta de transporte | <input type="checkbox"/> Preocupación por la seguridad familiar |
| <input type="checkbox"/> La falta de confianza en los funcionarios públicos | <input type="checkbox"/> Preocupación por dejar mascotas |
| <input type="checkbox"/> Preocupación por dejar atrás la propiedad | <input type="checkbox"/> Preocupación por los atascos de tráfico y la imposibilidad de salir |
| <input type="checkbox"/> Preocupación por la seguridad personal | <input type="checkbox"/> Problemas de salud (no se pudieron mover) |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> No sé / no estoy seguro |

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

47. ¿Cuál es tu género? (Elija solo uno)

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (*Elija solo uno*)

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (*Elija solo uno*)

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (*Elija solo uno*)

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo

☐

Separado

☐

Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

- | | | |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
| | <input type="checkbox"/> Retirado | <input type="checkbox"/> Discapacitado |
| | | <input type="checkbox"/> Estudiante |

- ☐ Ama de casa ☐ Desempleado 1 ☐ Desempleado por más de 1
☐ Trabajadores por año o menos año
cuenta propia

56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

- ☐ Sí
☐ No
☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

¡Gracias por su tiempo y participación!

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a
will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D: Community Resources

Martin County

Community Services and Organizations

Law Enforcement – There are two municipalities in Martin County that have their own police departments: Williamston and Robersonville. The rest of the county is covered by the Martin County Sheriff's Office, headquartered in Williamston.

Martin County Sheriff's Office

Martin County Government Center
305 East Main Street
PO Box 308
Williamston, NC 27892
252-789-4500
Sheriff Tim Manning

Williamston Police Department

106 East Main Street
Williamston, NC 27892
252-792-2124

Robersonville Police Department

119 S Main Street
Robersonville, NC 27871
252-795-4121

The Martin County, NC Fire Department directory includes four fire departments and fire stations.

Source: Fire Department Directory, North Carolina, Martin County;

<http://www.firedepartment.net/directory/north-carolina/martin-county>

Williamston Fire/Rescue/EMS

901 Washington Street/PO Box 602
Williamston, NC 27892
252-792-3521 – Office
252-792-4554 - Office

Robersonville Fire Department

119 S Main Street/PO Box 784
Robersonville, NC 27871
252-795-4141

Oak City Volunteer Fire Department

100 Commerce Street/PO Box 190
Oak City, NC 27857
252-798-3101

Griffins Township Volunteer Fire Department

5217 Fire Department Road
1010 Bobby Roberson Road – Mailing Address
Williamston, NC 27892
252-792-8937

Martin County Emergency Management Services

205 E. Main Street/PO Box 668
Williamston, NC 27892
252-789-4530

EM Director – Jodie Griffin
Office Hours: Monday – Friday, 8:00 am – 5:00 pm

Martin County Memorial Library

200 N Smithwick Street
Williamston, NC 27892
252-792-7476
Website: <http://bhmlib.org/tag/martin-memorial-library/>

Adult & Aging Services Department (Martin County Senior Center) mission is to respond to older adults' needs and interest by providing resources and programs that enhance independence, personal growth, health and self-esteem. The center serves all Martin County seniors citizens, age 60 and older.

Martin County Senior Center

201 Lee Street
Williamston, NC 27892
252-792-1027

Hours: 8:00 am – 5:00 pm
Exceptions: Holidays & Inclement Weather

Satellite Senior Centers:*Jamesville Senior Center/Nutrition Site**

1601 Roanoke Court
Jamesville, NC 27846
252-792-1215

Hours: Monday – Thursday, 10:00 am – 1:00 pm

Oak City Senior Center/Nutrition Site

415 S W Commerce Street
Oak City, 27857
252-798-9761

Hours: Monday – Thursday, 10:00 am – 2:00 pm

Robersonville Senior Center/Nutrition Site

203 Green Street
Robersonville, NC 27871
252-795-4580

Hours: Monday – Thursday, 9:00 am – 1:00 pm

Martin County Department of Social Services

305 E Main Street
Williamston, NC 27892
Office: 252-789-4400
Fax: 252-789-4409
Hours: Monday – Friday, 8:00 am – 5:00 pm

NC Cooperative Extension – Martin County

104 Kehukee Park
Williamston, NC 27892
252-789-4169
<https://martin.ces.ncsu.edu/>

Other Community Services and Organizations

It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides instead links to on-line or telephone resources that provide information on community organizations and services available to Martin County residents. These community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and meanwhile they cover a range of community resources.

Martin County Community Resource Directories and Guides

Martin County Chamber of Commerce Lists of schools and civic organizations in Martin Co.
<http://www.martincountync.com/>

Martin County Schools

300 N Watts Street
Williamston, NC 27892
Office: 252-792-1575
Fax: 252-792-1965
Website: <http://www.martincountync.com>

EJ Hayes

302 Andrews Street
Williamston, NC 27892
Office: 252-792-3678

Jamesville Elementary

1220 Hardison Street
Jamesville, NC 27846
Office: 792-8304
Fax: 809-4813

Rogers Elementary

2277 Rogers School Road
Williamston, NC 27892
Office: 792-3834
Fax: 252-809-4900

Williamston Primary School

400 West Blvd.
Williamston, NC 27892
Office: 252-792-3253
Fax: 252-792-7470

Riverside Middle School

2920 US Highway 17 South
Williamston, NC 27892
Office: 252-792-1111
Fax: 252-792-6644

South Creek Elementary School

21230 NC Highway 903
Robersonville, NC 27871
Office: 252-795-3910
Fax: 252-795-3890

Riverside High School

1260 Godwin Road
Williamston, NC 27892
Office: 252-792-7881
Fax: 252-809-4087

South Creek Middle/High School

21230 NC Highway 903
Robersonville, NC 27871
Office: 252-795-4081
Fax: 252-795-4187

Bear Grass Charter School

6344 E Bear Grass Road
Williamston, NC 27892
Office: 252-789-1010
Fax: 252-789-1014
Website: <https://beargrasscharter.org>

Northeast Regional School of Biotechnology & Agri Science

1215 Saint Andrew Street
Jamesville, NC 27846
Office: 252-792-0241
Fax: 252-792-0245
Website: <https://www.nereregionalschool.org>

Higher Education*Martin Community College**

1161 Kehukee Park Road
Williamston, NC 27892
252-792-1521
Website: <https://www.martincc.edu>

Bertie Campus

409 Granville Street
Windsor, NC 27983
252-794-4861
Website: <https://www.martincc.edu/>

East Carolina University

East Fifth Street
Greenville, NC 27858
252-328-6131
Website: <https://www.ecu.edu/>

Elizabeth City State University

1704 Weeksville Road
Elizabeth City, NC 27909
252-335-3400
Website: <http://www.ecsu.edu/>

College of the Albemarle – Edenton-Chowan Campus

800 N. Oakum Street
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-428-7999
Website: <http://www.albamarle.edu/about-coa/edenton-chowan-campus>

***Civic Organizations and Parks & Recreation**

Martin County Community Action

314 Ray Street
Williamston, NC 27892
252-792-7111

Williamston Lions Club

117 S Smithwick Street
Williamston, NC 27892

Community Service Program

Social Services Organization
305 E Main Street
Williamston, NC 27892
252-799-1520

Faith Community Outreach

Robersonville, NC 27871
252-795-4195

Faith Works Community Services

Williamston, NC 27892
252-799-3100

Martin County Arts Council

124 Washington Street
PO Box 1134
Williamston, NC 27892
252-789-8470

Moratoc Park

102 River Drive
Williamston, NC 27892
252-789-4300

Williamston Recreation Department

300 W Pine Street
Williamston, NC 27892
252-792-7042

Robersonville Recreational Park

North Main Street
Robersonville, NC 27871
252-795-4486

Roanoke County Club

1380 Fairway Drive
Williamston, NC 27892
252-792-3630

***Health Care**

The Martin-Tyrrell-Washington District Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, Public Health Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Martin County Health Department (MTW District Health Department)

210 West Liberty Street
Williamston, NC 27892
252-793-1621
<http://www.mtwdistricthealth.org>

Martin General Hospital offers many services such as cardiac (telemetry, echo, stress testing), cardiopulmonary/respiratory care clinic (holter monitoring, event monitoring, PFT), emergency department 24-hour, industrial medicine program, intensive care unit, imaging (bone densitometry, CT scanner, digital mammography, MRI, nuclear medicine sonography, stereotactic biopsy, teleradiology ultrasound), labor & delivery, nursery, laboratory, rehabilitation (OT,PT, Speech), sleep center, sports medicine program, surgery (inpatient/outpatient), women's care.

Martin General Hospital

310 S McCaskey Road
Williamston, NC 27892
252-809-6500
Hours: Open 24 hours
Emergency Room: Open 24 hours

Roanoke Home Care

106 S Watts Street
Williamston, NC 27892
252-792-7811

Community Home Care & Hospice

200 Green Street, Suite 203
Williamston, NC 27892
252-792-7199

Quality Home Staffing, Inc.

120 W Main Street
Williamston, NC 27892
Office: 252-809-4765
Fax: 252-792-5333

Martin Family Medicine

232 Green Street
Williamston, NC 27892
252-809-6400

Direct Primary Care

112 W. Main Street
Williamston, NC 27892
252-802-4600 – General Inquires
252-231-3272 – Appointments
<https://accessmedicine.md/>

Martin Pediatric Clinic

312 S McCaskey Road
Williamston, NC 27892
252-792-8101

Pediatric Specialist

233 Green Street
Williamston, NC 27892
252-809-6400

Roanoke Women's Healthcare

104 Medical Drive
Williamston, NC 27892
252-809-6341

Roanoke Orthopedics

220 Green Street
Williamston, NC 27892
252-792-0305

Katherine McNeese, MD

108 Trade Street
Williamston, NC 27892
252-789-4001

Wan Soo Chung MD PA

207 S McCaskey Road
Williamston, NC 27892
252-792-1071

Dr. Robert C. Mills, Jr. & Dr. Scott Matthews**Drs. Mills & Matthews Eye Clinic**

316 McCaskey Road
Williamston, NC 27892
252-792-2250

Vidant Behavioral Health – Williamston

210 W Liberty Street
Williamston, NC 27892
252-792-5151
Monday – Friday. 8:00 am – 5:00 pm

Vidant Family Medicine – Windsor (Located in Vidant Bertie Hospital)

1403 S King Street
PO Box 509
Windsor, NC 27893
252-794-67

Dentist Offices*Zachary Harrison, DDS**

1025 Harrisway Drive
Williamston, NC 27892
252-792-7011

Jeffery J. Caldwell, Sr.

1060 Godwin Avenue
Williamston, NC 27892
252-792-1101

Jones Dental Arts

1888 US Hwy 17
Williamston, NC 27892
252-792-1131

Community & Civic Groups*Martin County Community Action**

314 Ray Street
Williamston, NC 27892
252-792-7111

Community Service Program

Social Services Organization
305 E Main Street
Williamston, NC 27892
252-799-1520

Williamston Lions Club

117 S Smithwick Street
Williamston, NC 27892

United Way

Williamston, NC 27892
252-792-7863

Faith Community Outreach

Robersonville, NC 27871
252-795-4195

Faith Works Community Services

Williamston, NC 27892
252-799-3100

Martin County Arts Council

124 Washington Street
PO Box 1134
Williamston, NC 27892
252-789-8470

Sports & Recreation*Moratoc Park**

102 River Drive
Williamston, NC 27892
252-789-4300

Williamston Recreation Department

300 W Pine Street
Williamston, NC 27892
252-792-7042

Robersonville Recreational Park

N Main Street
Robersonville, NC 27871
252-795-4486

Roanoke Country Club

1380 Fairway Drive
Williamston, NC 27892
252-792-3630

Roanoke River National Wildlife Refuge

114 W Water Street
Windsor, NC 27983
252-794-3808
Email: roanokeriver@fws.gov
Website: http://www.fws.gov/refuge/roanoke_river/

***Farmers Markets and Roadside Stands near Martin County**

<http://healthync.org/>

Martin County Farmers Market

4001 W Main Street
Williamston, NC 27892
252-792-1900
Saturdays, 7:00 am – 1:00 pm, May - October

J&J Farms

1085 Pierce Lane
Jamesville, NC 28846
May - October

Hamilton Farmer's Market

101 N Front Street
Hamilton, NC
alan@town-of-hamilton.com

Parnell Farms

2926 Lee Road
Williamston, NC
252-799-6252

Bear Towne Market

120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June - October

Silas Norman's Roadside Stand

Hwy 64
Plymouth, NC 27962
252-809-9781
Open May – November

Windsor Super Farmer's Market

112 W Water Street
Windsor, NC 27983
Open May – September

Martin County Soil & Water

104 A Kehukee Park Road
Williamston, NC 27892
252-792-4350

Martin County Transit

205 E Main Street
Williamston, NC 27892
252-789-4390

Martin County Animal Control

1421 Landfill Road
Williamston, NC 27892
353-792-6910

Childcare Centers & Homes*A&A Child Care**

3428 Ballard Road
Williamston, NC 27892
252-789-1146

Aunties Place

1325 Wynn Road
Williamston, NC 27892
252-792-5285

Children of Joy

1435 Holly Drive
Williamston, NC 27892
252-789-4677

Community Christian Child Care Center

22184 NC Hwy 125
Williamston, NC 27892
252-792-2929

Cookie's Little Palace

1171 Swinson Road
Williamston, NC 27892
252-217-7575

Doodle Bug Daycare

120 East Pine Street
Williamston, NC 27892
252-792-6466

Down Home Childcare II

800 A West Green Street
Robersonville, NC 27871
252-795-0300

Guiding One's Direction Child Care Center

307 North Elm Street
Williamston, NC 27892
252-508-4675

Guiding One's Direction Child Care Center #2

309 North Elm Street
Williamston, NC 27892
252-508-4675

Happy Kids Academy

622 East Boulevard
Williamston, NC 27892
252-792-3333

Jamesville Elementary Child Care Center

1220 Hardison Drive
Jamesville, NC 27846
252-792-8304

Just Love'n Kids Daycare

1220 Martin Luther King Drive
Williamston, NC 27892-1348
252-792-1348

Little Footprints Learning Center

1151 James Road
Robersonville, NC 27871
252-508-6151

Little Heaven Day Care Home

104 New Street
Williamston, NC 27892
252-792-7874

Memorial Baptist Preschool

109 W Church Street
Williamston, NC 287892
252-792-6079

Morning Star Home Child Care

119 Martin Street
Williamston, NC 27892
252-301-6304

North Everetts Head Start Center

2115 Everetts Road
Everetts, NC 27825
252-789-1184

Oasis Learning Center

1407 Ross Road
Robersonville, NC 27871
252-799-1582

Ruth's Learning Center

1051 Romann Lane
Williamston, NC 27892
252-792-1645

Smiling Faces Child Care Center, Inc.

14493 US Hwy 64
Williamston, NC 27892
252-792-3374

South Creek Pre-K

21230 NC 903
Robersonville, NC 27871
252-795-3910

Williamston Primary After-School

400 West Blvd.
Williamston, NC 27892
252-792-8483

Williamston Primary Pre-School

400 West Blvd.

Williamston, NC 27892

252-792-3253

Tyrrell County

Community Services and Organizations

Law Enforcement – There are no other municipalities in Tyrrell County that have their own police departments. Tyrrell county is covered by the Tyrrell County Sheriff’s Office, headquartered in Columbia.

Tyrrell County Sheriff’s Office

405 Main Street/PO Box 178

Columbia, NC 27925

Office: 252-796-2251

Fax: 252-796-02251

Sheriff Kevin Sawyer

The Tyrrell Volunteer Fire Department is an incorporated, all-volunteer organization that contracts with the town of Columbia for fire protection services. The 60-member department has one main station located in the Town of Columbia with five sub-stations located throughout Tyrrell County

Tyrrell Volunteer Fire Department

618 N Road Street Extension

Columbia, NC 27925

Office: 252-796-2251

Emergencies: 9-1-1

Washington/Tyrrell County Emergency Medical Services (EMS)

Office: 252-793-6360

Cell: 252-217-2366

EMS Director: Jennifer O’Neal

Email: joneal@washconc.org

Tyrrell County Emergency Management

108 Water Street/PO Box 449

Columbia, NC 27925

Office: 252-796-1371

EM Director: Wesley Hopkins

Tyrrell County Animal Control

248 Smith Lane

Columbia, NC 27925

Office: 252-766-0033

Animal Control Officer: Cecil Lilley

Tyrrell County Soil and Water

155 N L.A. Keiser Drive

Columbia, NC 27925

Office: 252-796-3891

Veteran Service Office

801 Main Street
Columbia, NC 27925
Office: 252-355-9052

Tyrrell County Department of Social Services

1022 Road Street
Columbia, NC 27925
Office: 252-796-3421
Director: Brandy Mann

Tyrrell County Senior Center

406 Bridge Street
Columbia, NC 27925
Office: 252-796-0365
Director: DeeDee Bullock

NC Cooperative Extension – Tyrrell County

407 Martha Street
Columbia, NC 27925
Office: 252-796-1581
Website: <http://tyrrell.ces.ncsu.edu>

Columbia Pharmacy

214 Main Street
Columbia, NC 27925
Office: 252-796-2421

Located a few steps from the banks of the Scuppernong River, we are surrounded by water, wildlife and the natural beauty of Pocosin Lakes National Wildlife Refuge, making it an ideal place to leave your daily routine behind and immerse yourself in one of our creative workshops. We offer weekly classes for adults, after school and summer programs for youth, and workshops ranging from 2-day to 5-day sessions in metals, clay, photography, drawing, painting, textiles and more.

Pocosin Arts

201 Main Street/PO Box 690
Columbia, NC 27925
Office: 252-796-2787

Alligator River National Wildlife Refuge

PO Box 1969
Manteo, NC 27952
Office: 252-473-1131

The mission of the Eastern 4-H Center is to provide year-round training and educational programs for: youth, community groups, businesses and corporate sector and university students and faculty.

Eastern 4-H Center

100 N Clover Way
Columbia, NC 27925
Office: 252-797-4800

***Other Community Services and Organizations**

It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides links to on-line or telephone resources that provide information on community organizations and services available to Tyrrell County residents. These community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and subsequently cover a range of community resources.

Tyrrell County Visitors Center

203 S Ludington Drive
Columbia, NC 27925
Office: 252-796-0723
Website: <https://www.visitnc.com/tyrrell-county-visitors-center/>

Tyrrell County Schools*Tyrrell County Board of Education**

1107 Hwy 64 E/PO Box 328
Columbia, NC 27925
Office: 252-796-1121
Fax: 252-796-1492
Website: <https://www.tyrrell.k12.nc.us/>

Tyrrell Elementary School

486 Elementary School Road
Columbia, NC 27925
Office: 252-796-3881
Fax: 252-796-0544
Website: <https://www.tes.tyrrell.k12.nc.us>

Columbia Middle School

920 Main Street
Columbia, NC 27925
Office: 252-796-0369
Fax: 252-796-3639
Website: <https://cms.tyrrell.k12.nc.us>

Columbia High School

902 Main Street/PO Box 419

Columbia, NC 27925

Office: 252-796-8161

Fax: 252-796-1197

Website: <https://chs.tyrrell.k12.nc.us>

Higher Education*Martin Community College**

1161 Kehukee Park Road

Williamston, NC 27892

Office: 252-792-1521

Website: <https://www.martincc.edu>

Beaufort County Community College

5337 US Hwy 264

Washington, NC 27889

Office: 252-946-6194

Website: <https://www.beaufortccc.edu>

East Carolina University

East Fifth Street

Greenville, NC 27858

Office: 252-328-6131

Website: <https://www.ecu.edu/>

Elizabeth City State University

1704 Weeksville Road

Elizabeth City, NC 27909

Office: 252-335-3400

Website: <http://www.ecsu.edu/>

College of the Albemarle – Edenton-Chowan Campus

800 N. Oakum Street

Edenton, NC 27932

Phone: 252-482-7900

Fax: 252-428-7999

Website: <http://www.albamarle.edu/about-coa/edenton-chowan-campus>

Clubs and Civic Organizations*Rotary Club – Columbia**

Meets at Good Times Tavern & Restaurant

306 Scuppernong Drive

Columbia, NC 27925

252-796-1300

Meets Tuesdays at 6:00 pm

Columbia Lions Club

Meets at Good Times Tavern & Restaurant
306 Scuppernong Drive
Columbia, NC 27925
Meets 2nd & 4th Tuesdays at 6:00 pm

Daycare Centers & Homes*Tyrrell/Washington Partnership for Children**

1258 W Water Street
Plymouth, NC 27962
252-793-5437

Mother's Helper Child Care & Learning Center

285 Elvin Drive
Columbia, NC 27925
252-797-4099

Tyrrell County Head Start & Learning Center

190 LA Kieser Road
Columbia NC 27925
252-796-3711

Tyrrell Elementary Preschool

486 Elementary School Road
Columbia, NC 27925
252-796-3881

***Public Health**

The Martin-Tyrrell-Washington District Health Department (MTW) is a district Public Health agency in rural, northeastern NC serving the three counties of Martin, Tyrrell and Washington. MTW has provided over 50 years of service to the residents living in the district.

The district Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, dental care, Public Health Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Tyrrell County Health Department (MTW District Health Department)

408 Bridge Street
Columbia, NC 27925
Office: 252-793-1751
<http://www.mtwdistricthealth.org>

Roanoke Home Care

408 Bridge Street
Columbia, NC 27925
Office: 252-793-1751
<http://www.mtwdistricthealth.org>

Columbia Medical Center

208 N Broad Street
Columbia, NC 27925
Office: 252-796-0689

Vidant Behavioral Health

1208 US Hwy 64 E
Columbia, NC 27925
Office: 252-796-0595

Tyrrell House

950 US Hwy 64
Columbia, NC 27925
Open: 24 Hours
Office: 252-394-3145
Affiliated Living
Alzheimers/Memory Care
Short-term Stay

Dental Services*Tyrrell County Dental Health Clinic (MTW District Health Department)**

1208 US Hwy 64 E
Columbia, NC 27925
Office: 252-793-1773

Farmers Markets and Roadside Stands - Tyrrell County - <http://healthync.org/>*Scuppernong Produce I**

785 Riverview Lane
Columbia, NC 27925
252-796-7541
Open May - November

Scuppernong Produce II – Roadside Stand

640 US Hwy 64 E
Columbia, NC 27925
252-796-7541
Open June - November

Swain's Produce – Roadside Stand

1479 Hwy 64 E
Columbia, NC 27925
252-796-
Open June - October

Bear Towne Market

120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June – October

Silas Norman's Roadside Stand

Hwy 64 (located in parking lot of Farmer's Furniture)
Plymouth, NC 27962
252-809-9781
Open May – November

Washington County

Community Services and Organizations

Law Enforcement – There is one municipality in Washington County that has their own police department: Plymouth. The rest of the county is covered by the Washington County Sheriff's Office, headquartered in Plymouth.

Washington County Sheriff's Office

4th Floor of Washington County Courthouse
120 Adams Street/PO Box 969
Plymouth, NC 27962
Office: 252-793-2422
Fax: 252-793-3716
Sheriff Johnny Barnes

Plymouth Police Department

132 East Main Street
Plymouth, NC 27962
Office: 252-793-4680
Police Chief Willie Williams

The Washington County, NC Fire Department directory includes six fire departments and fire stations. Source: Fire Department Directory, North Carolina, Washington County;
<http://www.firedepartment.net/directory/north-carolina/washington-county>

Creswell Volunteer Fire Department

109 West Main Street
Creswell, NC 27928
Office: 252-797-4461

Lake Phelps Volunteer Fire Department

9606 Newland Road
Creswell, NC 27928
Office: 252-797-4259

Plymouth Fire Department

775 US Hwy 64 East
Plymouth, NC 27962
Office: 252-793-9660
Fax: 252-793-5910

Mid-County Volunteer Fire Department

18135 NC Hwy 32 N
Roper, NC 27970
Office: 252-793-2999
Fax: 252-793-5497

Roper Volunteer Fire Department

410 West US Hwy 64 By-Pass
Roper, NC 27979
252-793-2024

Fairfield Volunteer Fire Department

South Hwy 64
Fairfield, NC 27826
252-926-2826

Washington County Emergency Medical Services (EMS)

PO Box 96
Plymouth, NC 27962
Office: 252-217-2266
Transport: 252-217-8333
Fax: 252-793-7744
EMS Director: Jennifer O'Neal
Email: joneal@washconc.org

Washington County Emergency Management

205 East Main Street
Plymouth, NC 27962
Office: 252-793-4114
Fax: 252-793-9788
EM Director: Ann Keyes
Email: akeyes@washconc.org

Washington County Library

201 East Third Street
Plymouth, NC 27962
Office: 252-793-2113
Fax: 252-793-2818
Website: <https://statelibrary.ncdcr.gov/washington-county-library>

Adult & Aging Services Department (Washington County Senior Center) mission is to respond to older adults' needs and interest by providing resources and programs that enhance independence, personal growth, health and self-esteem. The center serves all Washington County seniors citizens, age 60 and older.

Washington County Senior Center

198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-793-3816
Fax: 252-793-6679
Hours: Monday – Friday, 8:00 am – 7:00 pm
Exceptions: Holidays & Inclement Weather

NC Cooperative Extension – Washington County

128 West Water Street
Plymouth, NC 27962
Office: 252-793-2163
<https://washington.ces.ncsu.edu/>

Washington County Soil & Water

407 NC Hwy 32 N
Roper, NC 27970
Office: 252-792-0108
Fax: 252-793-5303

Washington County Department of Social Services

209 East Main Street
Plymouth, NC 27962
Office: 252-793-4041
Fax: 252-793-3195
Hours of Operation: Monday – Friday, 8:00 am – 5:00 pm

Washington County Riverlight Transit

209 East Main Street/PO Box 10
Plymouth, NC 27962
Office: 252-793-4041

Washington County Animal Control

Washington County Sheriff's Office
PO Box 1007
Plymouth, NC 27962
Office: 252-793-2422
Fax: 252-793-3716
Location: Landfill (off Hwy 32 adjacent to county landfill)
Hours of Operation: Monday – Friday, 8:00 am – 4:30 pm; Saturday, 8:00 am – 1:00 pm

Other Community Services and Organizations

It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides links to on-line or telephone resources that provide information on community organizations and services available to Washington County residents. These community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and meanwhile they cover a range of community resources.

Washington County Chamber of Commerce

701 Washington Street
Plymouth, NC 27962
252-793-4804
Email: chamber@washconc.org
Business Hours: Wednesday – Friday, 10:00 am – 4:30 pm

***Washington County School District**
Washington County Board of Education

802 Washington Street
Plymouth, NC 27962
Office: 252-793-5171
Fax: 252-793-5062
Website: <https://wcsnc.org/>

Pines Elementary School

3177 US Hwy 64
Plymouth, NC 27962
Office: 252-793-1137

Washington County Union Middle School

1137 East Mill Pond Road
Roper, NC 27970
Office: 252-793-2835

Washington County (Plymouth) High School

800 East Main Street
Plymouth, NC 27962
Office: 793-3031

Creswell Elementary School

200 7th Street
Creswell, NC 27928
Office: 252-797-7474

Washington County Early College High School

102 NC Hwy 32 N
Roper, NC 27970
Office: 252-793-1327
Fax: 252-792-6644

***Higher Education**

Martin Community College

1161 Kehukee Park Road
Williamston, NC 27892
252-792-1521
Website: <https://www.martincc.edu>

Beaufort County Community College

5337 US Hwy 264
Washington, NC 27889
252-946-6194
Website: <https://www.beaufortccc.edu>

East Carolina University

East Fifth Street
Greenville, NC 27858
252-328-6131
Website: <https://www.ecu.edu/>

Elizabeth City State University

1704 Weeksville Road
Elizabeth City, NC 27909
252-335-3400
Website: <http://www.ecsu.edu/>

College of the Albemarle – Edenton-Chowan Campus

800 N. Oakum Street
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-428-7999
Website: <http://www.albamarle.edu/about-coa/edenton-chowan-campus>

Parks & Recreation*Town of Plymouth**

124 East Water Street
Plymouth, NC 27962
252-793-9101

***Washington County Recreation**

603 Adams Street
Plymouth, NC 27962
252-793-6607

Plymouth Country Club

Golf Course & Country Club
301 Golf Road
Plymouth, NC 27962
252-793-3034

***Public Health Department & Home Health**

The Martin-Tyrrell-Washington District Health Department (MTW) is a district Public Health agency in rural, northeastern NC serving the three counties of Martin, Tyrrell and Washington. MTW has provided over 50 years of service to the residents living in the district.

The district Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, dental care, Public Health

Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Washington County Health Department (MTW District Health Department)

198 NC Hwy 45 N
Plymouth, NC 27962
252-791-3112

<http://www.mtwdistricthealth.org>

Roanoke Home Care

198 NC Hwy 45 N
Plymouth, NC 27962
252-791-3145
After Hours: 1-800-842-8275

<http://www.mtwdistricthealth.org>

***Washington County Healthcare**

Plymouth Family Care – Dr. Beverly Lewis, MD

983 US-64
Plymouth, NC 27962
Office: 252-793-1010
Office Hours: Monday – Friday, 8:30 am – 4:45 pm

Family Medicine – Dr. Robert Venable, MD

1004 US-64
Plymouth, NC 27962
Office: 252-793-7731

Inner Banks Family Medicine

543 US Hwy 64 W
Plymouth, NC 27962
Office: 252-791-0993

Roanoke Chowan Community Health Center - Creswell Primary Care

9500 NC Hwy 94
Creswell, NC 28928
Office: 252-797-0135

***Home Health Agencies, Nursing Homes/Assisted Living**

Roanoke Home Care

198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-791-3145
After Hours: 1-800-842-8275

<http://www.mtwdistricthealth.org>

Interim Healthcare of Plymouth, Inc,

383 Hwy-64 West, Suite 8
Plymouth, NC 27962
Office: 252-793-1000

Carolina's Home Care

121 East Water Street
Plymouth, NC 27962
Office: 252-791-0093

Convenient Homecare

115 East Main Street
Plymouth, NC 27962
Office: 252-791-0083

A Plus Results

106 East Water Street
Plymouth, NC 27962
Office: 252-793-6500

Roanoke Landing Rehabilitation & Nursing Center

1084 US-64
Plymouth, NC 27962
Office: 252-793-2100

Cypress Manor

503 West Buncombe Street
Roper, NC 27979
Office: 252-791-0002

Dentist Offices*Dr. Amanda Williams, DDS****Martin-Tyrrell-Washington District Health – Washington County Dental**

198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-793-1851

Dr. Terry E. Thompson, DDS

102 Brinkley Place
Plymouth, NC 27962
Office: 252-793-1200

Earp Dentistry

363 US Hwy 64 West
Plymouth, NC 27962
Office: 252-793-5426 or 252-793-5942

Mental Health*Trillium**

Manages mental health, substance abuse, and intellectual/development disability services in a 26-county area. Trillium partners with agencies and licensed therapists to offer services and support to people in need within their community.

24-Hour Access to Care: 1-877-695-2415

Email: info@trilliumnc.org

Website: <http://trilliumhealthresources.org/>

Vidant Behavioral Health – Plymouth

802 Washington Street
Plymouth, NC 27962
Office: 252-793-1154
Hours of Operation: Monday – Thursday, 8:00 am – 4:00 pm

Dialysis Centers*FMC Dialysis Services Plymouth**

734 US Hwy 64 E
Plymouth, NC 27962
252-793-6300

Dialysis Care of Martin County, Inc.

100 Medical Drive
Williamston, NC 27892
252-792-2386

BMA of Windsor

1421 B South Kind Street
Windsor, NC 27892
252-794-5041

DaVita Edenton Dialysis

312 Medical Arts Drive
Edenton, NC 27932
Office: 1-800-424-6589
Fax: 252-482-0863

***Community & Civic Groups**

Plymouth Lions Club

Golden Skillet Restaurant – Meeting Place
167 US Hwy 65 West
Plymouth, NC 27962
Meeting Time: 2nd & 4th Thursday at 7:00 pm

Plymouth Rotary Club

PO Box 323
Plymouth, NC 27962
Meeting Time:

United Fund of Washington County

PO Box 285
Plymouth, NC 27962
252-793-5823

Roanoke River National Wildlife Refuge

114 W Water Street
Windsor, NC 27983
252-794-3808
Email: roanokeriver@fws.gov
Website: http://www.fws.gov/refuge/roanoke_river/

***Farmers Markets and Roadside Stands - Washington County**

<http://healthync.org/>

Bear Towne Market

120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June - October

Silas Norman's Roadside Stand

Hwy 64
Plymouth, NC 27962
252-809-9781
Open May – November

Martin County Farmers Market

4001 W Main Street
Williamston, NC 27892
252-792-1900
Saturdays, 7:00 am – 1:00 pm, May - October

Windsor Super Farmer's Market

112 W Water Street
Windsor, NC 27983
Open May – September

Childcare Centers & Homes*Tyrrell/Washington Partnership for Children – Smart Start**

125-B West Water Street
Plymouth, NC 27962
Office: 252-793-5437
Email: info@tcpfw.org

Beginnings & Beyond

106 Ausbon Drive
Plymouth, NC 27962
252-793-506-3633

Blessing Children Family Day Care

2555 Backwoods Road
Roper, NC 27970
252-793-9848

Creswell Elementary Preschool

200 South Seventh Street
Creswell, NC 27928
252-797-7474

Emonnies Little Angels

904 Jefferson Street
Plymouth, NC 27962
252-793-6680

Ginger's Day Care Home

1734 Morrattock Road
Plymouth, NC 27962
252-217-7575

Grace Filled Beginnings

408 East Main Street
Plymouth, NC 27962
252-793-3029

Kingdom Kids Christian Child Care Center

2381 NC Hwy 45 South
Plymouth, NC 27962
252-791-0552

Mary's Little Lamb Childcare Center

101 Spencer Street
Plymouth, NC 27962
252-791-9925

Open Arms Child Care Center LLC

205 Eighth Street
Creswell, NC 27928
252-797-3892

Pines Elementary Preschool

3177 US Hwy 64 E
Plymouth, NC 27962
252-793-1137

Washington County Head Start

2668 US Hwy 64 E
Plymouth, NC 27962
252-791-0665